DERMATOLOGY ENROLLMENT FORM

PATIENT INFORMATION

Last Name _____ First Name _____

Social Security # _____ Date of Birth _____

Address _____ Phone _____

TREATMENT ARRANGEMENTS

Start Date: _____

Ship Meds: □ Home □ Doctor's Office

Teaching by: □ Doctor's Office

□ Other: _____

STATEMENT OF MEDICAL NECESSITY

□ L40.0 Psoriasis □ L40.52 Psoriatic Arthritis □ L41.4 Plaque Psoriasis □ L73.2 Hidradenitis Suppurative □ L20.9 Atopic dermatitis □ L40.8 Moderate to Severe Plaque Psoriasis

□ Other:_____ □ Date of Diagnosis: _____ OR Years With Disease _____

Medication assessment (Within Last 12 Months)

□ Atopic dermatitis □ Moderate □ Moderate to Severe □ Severe
□ Psoriasis Severity: □ Moderate □ Moderate to Severe □ Severe
□ Psoriasis Type: □ Plaque □ Other: _____

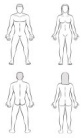
Patient Evaluation:

- Has Patient been diagnosed with Heart Failure? □ Yes □ No
- Has Patient been diagnosed with Lymphoma? □ Yes □ No
- Does Patient have serious/active infection? □ Yes □ No
- Has TB test been performed?
  If yes, results: _____ Comments: _____
- Has Hepatitis B been ruled out or treatment been initiated? □ Yes □ No
- Does Patient have latex allergy? □ Yes □ No
- Is Patient's platelet count >52,000 cells/uL? □ Yes □ No
- Patient Weight: _____kg/lb
- Allergies: _____ □ NKDA

Prior (FAILED) Medications:

Medication	Reason for Discontinuation
Biologics: □ Humira □ Enbrel □ Stelara	_____
□ Others: _____	
□ Methotrexate □ NA	_____
□ Topicals: _____	_____

Patient Evaluation Cont.



NOTES:_____

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PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILL
□ **SKYRIZI**®	□ 75mg/0.83ml Prefilled Syringe	□ Inject 150mg (two 75mg injections) administered by Subcutaneously at week 0, weeks 4, and every 12 weeks thereafter.		
□ **ILUMYA**®	□ 100mg/ml Prefilled Syringe	□ Inject 100mg Subcutaneously at week 0, week 4 and every 12 weeks thereafter.		
□ **TALTZ**®	□ 80mg/ml Autoinjector □ 80mg/ml Prefilled Syringe	□ Inject 160mg (two 80mg injections) Subcutaneously at week 0, followed by 80mg at Weeks 2, 4, 6, 8, 10, and 12, then 80mg every 4 Weeks.		
□ **SILIQ**®	□ 210mg/1.5ml Prefilled Syringe	□ Inject 210mg Subcutaneously at week 0, 1 and 2 followed by 210mg every 2 weeks thereafter.		
□ **TREMFYA**®	□ 100mg/ml Prefilled Syringe	□ Inject 100mg Subcutaneously at week 0, Week 4 and every 8 weeks thereafter.		
□ **DUPIXENT**®	□ 300mg/2ml Prefilled Syringe	□ Inject 600mg (2 Prefilled Syringes) Subcutaneously in different sites on day 1. □ Inject 300mg (1 Prefilled Syringe) Subcutaneously every other week starting day 15 after initial dose.		
□ **ENBREL**®	□ SureClick®Pen □ Mini™with Auto Touch □ Prefilled Syringe □ 25mg □ 50mg □ Vials 25mg	□ Initial: Inject 50mg SQ twice weekly (72-96 hours apart) for 3 months. □ Maintenance: Inject 50mg SQ weekly. □ Others:		
□ **HUMIRA**® □ **HUMIRA CF**® *(Citrate-free)*	□ Psoriasis STARTER Pack □ 40mg Pen □ 40mg Prefilled Syringe ..... □ Hidradenitis Suppurativa (HS) STARTER Pack □ 40mg Pen □ 40mg Prefilled Syringe	□ Psoriasis STARTER Dose: Inject 80mg Subq on day 1, 40mg on day 8 and 40mg day 22 then maintenance. □ Psoriasis Maintenance Dose: Inject 40mg Subq every other week. ..... □ HS Initial dose: Inject 160mg Subq on day 1, then 80mg on day 15 and then maintenance. □ HS Maint dose: Inject 40mg Subq every week.		
□ **SIMPONI**®	□ 50mg/05ml SmartJect Autoinjector □ 50mg Prefilled Syringe	□ Psoriatic Arthritis Dose: Inject 50mg (0.5ml) Subcutaneously Once a month.		
□ **STELARA**®	□ 45mg/0.5ml Prefilled Syringe □ 90mg/ml Prefilled Syringe	□ For patients weighing < 100kg (220lbs): Inject 45mg SC initially and 4 weeks later, followed by 45mg every 12 weeks. □ For patients weighing > 100kg (220lbs): Inject 90mg SC initially and 4 weeks later, followed by 90mg every 12 weeks.		
□ **CIMZIA**®	□ 200mg/ml Prefilled Syringe	□ Inject 400mg (given as 2 injections 200mg) Subq every other week. □ Loading dose: Inject 400mg (given as 2 injections 200mg) Subq at week 0,2 and 4. □ Maintenance dose: Inject 200mg Subq every other week.		
□ **OTEZLA**®	□ 10mg □ 30mg □ 28days starter pack	□ Take 10mg PO qd on day 1, and increasing by 10mg daily until taking 30mg BID thereafter. □ Take as directed by the Md.		
□ **COSENTYX**®	□ Sensoready Pen □ Prefilled-Syringe	□ Psoriasis loading Dose: Inject 300mg (two injections) SC at weeks 0, 1, 2, 3 and 4. □ Psoriasis Maintenance Dose: Inject 300mg (two injections) SC every 4 weeks.		

Physician Signature: x_____ □ **DAW (Dispense as Written) Date:**_____

Physician Name: _____ **Phone:** _____ **Fax:** _____ **Office Contact:** _____

Physician Address: _____ **NPI:** _____ **DEA:** _____

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