Lumicera Health Services

Dermatology Enrollment Form

2601 West Beltline Hwy, Ste 302, Madison, WI 53713 | 5350 E High St, Suite 200, Phoenix, Arizona - 85054-5465 | Phone: (855) 847-3553 / Fax: (855) 847-3558

Ship to: Patient Office Other

Date: Needs by Date:

PATIENT INFORMATION

Patient Name
Address
Address 2
City, State, ZIP
Preferred Phone Type
Alternate Phone Type
Email
DOB (mm/dd/yyyy) Gender Male Female

PRESCRIBER INFORMATION

Prescriber Name Specialty
State License # UPIN
DEA NPI
Group/Hospital
Address
City, State, ZIP
Phone Fax
Office Contact Phone

INSURANCE INFORMATION *(Please fax FRONT and BACK copy of all Insurance cards (Prescription and Medical)*

CLINICAL INFORMATION

Diagnosis (*Please include diagnosis name and ICD-10 code)*

Primary Diagnosis: Plaque Psoriasis Hidradenitis Suppurativa
Atopic Dermatitis Other Diagnosis:
ICD-10:
Date of Diagnosis:
Weight: lbs/kgs Height : in/cm
Is the patient pregnant, nursing, or planning pregnancy?: Yes No N/A
Date of last TB test (PPD or QuantiFERON Gold):
Results: Positive Negative
Allergies:
Concomitant medications:

Therapy: New Continuing Therapy Restart
BSA %:
Affected Areas:
Has the patient been previously treated for this condition? Yes No
Prior failed medication (medication and duration of treatment/reason for d/c):
Who will administer injection? (if applicable):
Patient trained on injection? (if applicable): Yes No
Pharmacy injection training needed? (if applicable): Yes No
Additional comments:

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Directions	Qty	Refills
○ Cosentyx® (secukinumab)	150mg/ml prefilled syringe 150mg/ml Sensoready Pen	300mg subcutaneously at week 0, 1, 2, 3, and 4 300mg subcutaneously every 4 weeks Other:	10	0
Dupixent® (secukinumab)	300mg/2ml prefilled syringe	600mg subcutaneously initially 300mg subcutaneously every other week	2 2	0
Enbrel® (etanercept)	25mg/0.5ml multi-dose vial 25mg/0.5ml prefilled syringe 50mg/ml prefilled syringe 50mg/ml SureClick Pen 50mg/ml Mini Cartridge	50mg twice weekly X 12 weeks, then once weekly 50mg subcutaneously once weekly mg (0.8mg/kg x kg) subcutaneously once weekly (peds ≤63kg) Other:		
Humira® (adalimumab)	40mg/0.8ml prefilled syringe 40mg/0.8ml pen	80mg subcutaneously on day 1, 40mg on day 8, then 40mg every 2 weeks (Psoriasis Starter Kit) 160mg subcutaneously on day 1, 80mg on day 15, then 40mg weekly starting on day 29 (Hidradenitis Starter Kit) 40mg subcutaneously every other week 40mg subcutaneously once weekly Other:	4 6	0 0
Otezla® (apremilast)	10/20/30mg tablet starter 30mg tablet	Take as directed per package instructions 30mg by mouth twice daily Other:	55 60	0
Siliq (brodalumab)	210mg/1.5ml prefilled syringe	210mg subcutaneously on week 0, 1, 2 210mg subcutaneously every 2 weeks	3	0
Stelara® (ustekinumab)	45mg/0.5ml prefilled syringe (≤100kg) 90mg/ml prefilled syringe	45mg subcutaneously initially and 4 weeks later 45mg subcutaneously every 12 weeks 90mg subcutaneously initially and 4 weeks later 90mg subcutaneously every 12 weeks	2 1 2 1	0 0
Taltz® (ixekizumab)	80mg/ml prefilled syringe 80mg/ml autoinjector pen	160mg subcutaneously initially, then 80mg every 2 weeks for 3 months 80mg subcutaneously every 4 weeks Other:	8 1	0
Tremfya™ (guselkumab)	100mg/1ml prefilled syringe	100mg subcutaneously on week 0, and week 4 100mg subcutaneously every 8 weeks	2 1	0

By signing below, I authorize Lumicera Health Services and its representatives to act as my agent for prior authorization and prescription processing for this patient.

Prescriber Signature: _____ Date

PRODUCT SUBSTITUTION PERMITTED *DISPENSE AS WRITTEN*