

**DERMATOLOGY PRESCRIPTION FORM**

Phone: (855) 847-3553 Fax: (855) 847-3558



**Patient Information:** Please provide a copy of the patient's insurance card or information

Patient:	DOB	Gender	Phone	
Address	City	State	Zip Code	Weight

**Clinical Diagnosis:** Please fax or email clinical notes, labs, tests and previous medical history to expedite prior authorization

**Diagnosis/ICD-10:**  Psoriasis / \_\_\_\_\_  Psoriatic Arthritis / \_\_\_\_\_  Hidradenitis Suppurativa / \_\_\_\_\_  Atopic Dermatitis: \_\_\_\_\_

TB/PPD test: Y / N      Date of negative test: \_\_\_\_\_       Patient's Current Regimen? \_\_\_\_\_      Current therapy discontinued when starting the below medication? Y / N

**Prior Therapies:** Please include biologics, MTX, PUVA, topicals, UVB/NBUVB and trials, including dates of treatment and reasons for discontinuation.

Medication	Dose/Strength	Directions	Quantity	Refills
<input type="checkbox"/> Cimzia	<input type="checkbox"/> 200 mg/ mL prefilled syringe (2pack) <input type="checkbox"/> 400 mg lyophilized vial	<input type="checkbox"/> Loading dose: Inject 400 mg SC on weeks 0, 2 and 4 <input type="checkbox"/> Maintenance: Inject 400 mg SC every 2 weeks		
<input type="checkbox"/> Cosentyx (PSO Dosing)	<input type="checkbox"/> 150 mg/ mL prefilled syringe (2pack) <input type="checkbox"/> 150 mg/ mL Sensoready pen (2pack)	<input type="checkbox"/> Loading dose - Inject 300 mg SC weeks 0, 1, 2, 3, and 4 <input type="checkbox"/> Maintenance dose - Inject 300 mg SC every 4 weeks		
<input type="checkbox"/> Cosentyx (PSA Dosing)	<input type="checkbox"/> 150 mg/ mL prefilled syringe <input type="checkbox"/> 150 mg/ mL Sensoready pen	<input type="checkbox"/> Loading dose - Inject 150 mg SC weeks 0, 1, 2, 3, and 4 <input type="checkbox"/> Maintenance dose - Inject 150 mg SC every 4 weeks		
<input type="checkbox"/> Dupixent	<input type="checkbox"/> 200 mg/ 1.14 mL prefilled syringe (2pack) <input type="checkbox"/> 200 mg/ 1.14 mL pen (2pack) <input type="checkbox"/> 300 mg/ 2 mL prefilled syringe (2pack) <input type="checkbox"/> 300 mg/ 2 mL pen (2pack)	<input type="checkbox"/> Loading dose - Inject 2 pens (600mg) under the skin on day 1; then 300mg every 14 days thereafter <input type="checkbox"/> Maintenance dose - Inject 1 pen (300mg) under the skin every 14 days		
<input type="checkbox"/> Enbrel	<input type="checkbox"/> 25 mg/ mL Vial (latex free) <input type="checkbox"/> 50 mg/mL SureClick Autoinjector <input type="checkbox"/> 50 mg/mL prefilled syringe <input type="checkbox"/> 50 mg/mL Enbrel Mini	<input type="checkbox"/> PSO Loading dose: Inject 50 mg SC twice weekly for 3 months <input type="checkbox"/> Inject 50 mg SC once weekly  Other:		
<input type="checkbox"/> Humira Citrate Free (HS Dosing)	<input type="checkbox"/> HS Starter Kit - 80 mg / 0.8 mL pen <input type="checkbox"/> 80 mg / 0.8 mL pen or prefilled syringe <input type="checkbox"/> 40 mg / 0.4 mL pen or prefilled syringe	<input type="checkbox"/> Inject 160 mg SC day 1; 80 mg day 15; day 29 and thereafter 40mg every 7 days <input type="checkbox"/> Inject 160 mg SC day 1; starting day 15 inject 80mg every 14 days <input type="checkbox"/> Inject 40 mg SC every 7 days <input type="checkbox"/> Inject 80 mg SC every 14 days		
<input type="checkbox"/> Humira - Citrate Free (PSO/PSA Dosing)	<input type="checkbox"/> Starter Kit - 80 mg / 0.8 mL and 40 mg / 0.4mL <input type="checkbox"/> 40 mg/ 0.4 mL pens or prefilled syringes	<input type="checkbox"/> Inject 80mg SC on day 1; then 40mg every 14 days starting on day 8 <input type="checkbox"/> Inject 40 mg SC every 7 days <input type="checkbox"/> Inject 40 mg SC every 14 days		
<input type="checkbox"/> Otezla	<input type="checkbox"/> Starter Pack <input type="checkbox"/> 30 mg tablets	<input type="checkbox"/> Take as instructed on starter pack directions <input type="checkbox"/> Take 1 tablet (30 mg) by mouth twice daily <input type="checkbox"/> Take 1 tablet (30 mg) by mouth once daily		
<input type="checkbox"/> Rinvoq	<input type="checkbox"/> 15 mg tablets <input type="checkbox"/> 30 mg tablets	<input type="checkbox"/> Take 1 tablet (15 mg) by mouth once daily <input type="checkbox"/> Take 1 tablet (30 mg) by mouth once daily		
<input type="checkbox"/> Skyrizi	<input type="checkbox"/> 150 mg/ 1 mL prefilled syringe <input type="checkbox"/> 150 mg/ 1 mL pen	<input type="checkbox"/> Loading dose - Inject 150 mg SC Week 0, Week 4 <input type="checkbox"/> Maintenance dose - Inject 150 mg SC every 12 weeks		
<input type="checkbox"/> Sotyktu	<input type="checkbox"/> 6 mg tablets	<input type="checkbox"/> Take 1 tablet (6 mg) by mouth once daily		
<input type="checkbox"/> Stelara	<input type="checkbox"/> 45 mg/ 0.5 mL prefilled syringe <input type="checkbox"/> 90 mg/ 1 mL prefilled syringe	<input type="checkbox"/> Loading dose: Inject 45 mg SC days 0, 28 and then every 12 weeks <input type="checkbox"/> Loading dose: Inject 90 mg SC days 0, 28 and then every 12 weeks <input type="checkbox"/> Maintenance Dose: Inject 1 syringe SC every 12 weeks		
<input type="checkbox"/> Taltz	<input type="checkbox"/> 80 mg/ mL prefilled syringe <input type="checkbox"/> 80 mg / mL pen	<input type="checkbox"/> Loading Dose: Inject 160 mg SC (two 80 mg injections) week 0, then 80 mg at weeks 2; 4; 6; 8 10; 12; then 80mg every 4 weeks thereafter <input type="checkbox"/> Maintenance Dose: Inject 80 mg SC every 4 weeks		
<input type="checkbox"/> Tremfya	<input type="checkbox"/> 100 mg / mL prefilled syringe	<input type="checkbox"/> Loading Dose: 100 mg SC day 0 and 28, then every 8 weeks <input type="checkbox"/> Maintenance Dose: 100 mg SC every 8 weeks		

**Prescriber Information**

Prescriber Name	Phone	Fax:
Prescriber Address	City	State      Zip
NPI or DEA	Office Contact/Email:	
Signature	Date	Dispense as written