Lumicera® Health Services

Dermatology Prescription Form

p (855) 847-3553 | f (855) 847-3558

PATIENT INFORMATION

Please provide a copy of the patient's insurance card or information

Patient Name	DOB	Gender	Weight	Phone
Address	City		State	ZIP

CLINICAL DIAGNOSIS

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

Diagnosis ☐ Psoriasis ☐ Psoriatic Arthritis ☐ Hidradenitis Suppurativa ☐ Atopic Dermatitis	ICD-10	TB/PPD Test? ☐ Yes ☐ No Date of negative test
Patient's Current Regimen	Current therapy discontinued when starting the below medications? ☐ Yes ☐ No	
Prior Therapies *please include biologics, MTX, PUVA, UVB/NBUVB, topicals and trials, including dates of treatment and reasons for discontinuation*		

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

PRESCRIBER INFORMATION

Prescriber Name	Phone	Fax	NPI/DEA	
Address	City		State	ZIP
Office Contact		Office Email		
Signature			Date	DAW