

**Dermatology Enrollment Form**

<b>Ship to:</b>	Office _____	Patient _____	Other _____
<b>PATIENT INFORMATION</b> <i>(Complete the following or send Patient's demographic sheet)</i>		<b>PRESCRIBER INFORMATION</b>	
Patient Name: _____	Prescriber's Name: _____		State License #: _____
Address: _____	State License #: _____		UPIN: _____
City, State, Zip: _____	DEA #: _____		NPI #: _____
Home Phone: _____	Group or Hospital: _____		Address: _____
Alternate Phone: _____	Address: _____		City, State, Zip: _____
SS #: _____	City, State, Zip: _____		Phone: _____
Date of Birth: _____	Phone: _____		Fax: _____
Gender: _____	Contact Person: _____		

**INSURANCE INFORMATION** *(Please copy and attach the front and back of insurance and prescription drug card)*

<b>Primary Insurance:</b>	Subscriber: _____	ID#: _____	Name of Insurer: _____	Phone: _____
<b>Secondary Insurance:</b>	Subscriber: _____	ID#: _____	Name of Insurer: _____	Phone: _____

**STATEMENT OF MEDICAL NECESSITY**

<b>Diagnosis</b>	<b>Prior (FAILED) Medication</b>
L40.0 Psoriasis    L40.59 Psoriatic Arthritis    Other: _____	<u>Medication</u> <u>Reason for Discontinuation</u>
<input type="checkbox"/> Date of Diagnosis: _____ OR Years With Disease _____	Biologics: _____
	Methotrexate                      N/A
	Oral Meds: _____
	PUVA                                      N/A
	UVB                                        N/A
	Topicals: _____
	Other: _____

<input type="checkbox"/> Psoriasis Severity:                      Moderate                      Moderate to Severe                      Severe
<input type="checkbox"/> Psoriasis Type:                      Plaque                      Other (please specify): _____

**Medical Assessment (Within Last 12 Months)**

<input type="checkbox"/> Has Patient been diagnosed with Heart Failure?                      Yes                      No	<input type="checkbox"/> Does patient have a latex allergy?                      Yes                      No
<input type="checkbox"/> Has patient been diagnosed with Lymphoma?                      Yes                      No	<input type="checkbox"/> Is patient's platelet count >52,000 cells/uL?                      Yes                      No
<input type="checkbox"/> Does patient have serious/active infection?                      Yes                      No	<input type="checkbox"/> Patient Weight: _____ kg/lbs
<input type="checkbox"/> Has TB test been performed?                      Yes                      No	<input type="checkbox"/> Allergies: _____ NKDA
If yes, results: _____                      Comments: _____	
<input type="checkbox"/> Has Hepatitis B been ruled out or treatment been initiated?                      Yes                      No	
If No, has treatment been initiated?                      Yes                      No	

**Patient Evaluation:**

<b>PRESCRIPTION INFORMATION</b> <i>(Please choose induction and maintenance dose)</i>			
MEDICATION	STRENGTH	DIRECTIONS	QUANTITY
HUMIRA®	Psoriasis Starter Package 40mg/0.8ml Pen 40mg/0.8ml Prefilled Syringe	Psoriasis Induction Dose: Inject two 40mg pens/syringes SC on day 1, then one 40mg pen/syringe on day 8, then one 40mg pen every other week. Maintenance Dose: 40 mg Every other week (Start at day 29)	1                      0
-----			
ENBREL®	50mg/ml Sureclick Autoinjector 50mg/ml Prefilled Syringe 25mg/0.5ml Prefilled Syringe 25mg Vial	Hidradenitis Suppurativa (HS) is 160mg (4 pens) on Day 1, followed by 80 mg (2 pens) two weeks later (Day 15). Maintenance Dose: 40 mg weekly. (Start at day 29)  Psoriasis Induction Dose: Inject 50mg SC TWICE a week (3-4 days apart) for 3 months, then maintenance dosing.  Psoriasis Maintenance Dose: Inject 50mg SC ONCE a week.  Psoriatic Arthritis Dose: Inject 50mg SC ONCE a week.  Other: _____	
-----			
OTEZLA®	28 day starter pack 30mg Tablets	As directed As directed	
-----			
COSENTYX®	150mg/ml Pen 150mg/ml Pre-filled Syringe 150mg, lyophilized powder in a single-use vial for reconstitution (for healthcare professional use only)	Plaque Psoriasis 300mg SubQ Weeks 0, 1, 2, 3, and 4 followed by 300mg every 4 weeks. Each 300mg dosage is given as 2 SubQ injections of 150mg. For some patients a dose 3 of 150mg may be acceptable.	
-----			
SIMPONI®	50mg/0.5ml SmartJect™ Autoinjector 50mg/0.5ml Prefilled Syringe	Psoriatic Arthritis Dose: Inject 50 mg (0.5ml) subcutaneously once a month Other: _____ 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 (two 45mg vials) SC initially and 4 weeks later, followed by 90mg every 12 weeks.	
-----			
STELARA®	45mg/0.5ml prefilled syringe and 90mg/1ml prefilled syringe		
-----			
TALTZ®	80 mg/ ml single dose prefilled autoinjector	Administer by subcutaneous injection Recommended dose is 160 mg (two 80 mg injections) at Week 0, followed by 80 mg at Weeks 2, 4, 6, 8, 10, and 12, then 80 mg every 4 weeks.	

Other Medications:

Current Medication List \_\_\_\_\_

Dosage \_\_\_\_\_

Strength \_\_\_\_\_

Any known allergies?                      Yes                      No

By signing this form Physician authorized CityDrugs Pharmacy to act as his or her agent in the initiation and execution of patient's insurance Prior Authorization process and agrees to provide CityDrugs Pharmacy all lab results to assist with identification of treatment duration and or fertility. The Physician understands that since the patient is on continuous therapy and will inform the Pharmacy should the therapy be discontinued.

Physician's Signature: \_\_\_\_\_                       DAW (Dispense as Written)    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

IMPORTANT NOTICE: This message may contain privileged and confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately if you have received this document by mistake, then destroy this document. Please direct all verification or notification to City Drugs Specialty Pharmacy using the contact information provided on this cover sheet