

Patient Information			PLEASE FAX INSURANCE CARD (FRONT AND BACK)		Prescriber Information	
Last Name	First Name	DOB	Practice/Facility Name			
Address			Address			
City	State	ZIP	City	State	ZIP	
Phone	SSN		Prescriber Name			
Allergies			Prescriber NPI			
Latex Allergy Yes No			Nurse/Key Contact			
Sex Male Female	Weight (kg)	Height (ft,in)	Phone/Pager			
Insurance Plan		Plan ID #	Fax			
			Email			
Diagnosis/Clinical Information PLEASE FAX CLINICAL AND LAB INFORMATION						
Diagnosis: L20.____ Atopic Dermatitis L40.0 Psoriasis vulgaris/Plaque psoriasis/Nummular psoriasis L40.8 Other psoriasis						
L40.9 Psoriasis, unspecified L40.5____ Psoriatic arthritis L73.2 Hidradenitis Suppurativa Other: _____						
Date of diagnosis or years with the disease: _____						
Active TB is ruled out: Yes No Date of negative TB test: ____/____/____						
Concomitant medications: _____						
Previous treatment regimens with dates and reason for discontinuation: _____						
Prescription Information						
MEDICATION		DOSE/STRENGTH/DIRECTIONS FOR USE			QTY	REFILLS
Cimzia®	PFS Vials	Starter dose: Inject 400mg SC at weeks 0, 2 and 4			6 x 200mg/ml	0
		Maintenance dose: Inject 200mg SC every 2 weeks Maintenance dose: Inject 400mg SC every 4 weeks			2 x 200mg/ml	_____
Cosentyx®	Sensoready Pen PFS	Starter dose: Inject 150mg SC once weekly at weeks 0, 1, 2 and 3 Starter dose: Inject 300mg SC once weekly at weeks 0, 1, 2 and 3			4 x 150mg/ml 8 x 150mg/ml	0
		Maintenance dose: Inject 150mg SC on week 4 and every 4 weeks thereafter Maintenance dose: Inject 300mg SC on week 4 and every 4 weeks thereafter			1 x 150mg/ml 2 x 150mg/ml	_____
Dupixent®	PFS	Starter dose: Inject 600mg SC on day 1, followed by 300mg SC at day 15 and every 2 weeks thereafter			4 x 300mg/2ml	0
		Maintenance dose: Inject 300mg SC every 2 weeks			2 x 300mg/2ml	_____
Enbrel® Adult	SureClick Autoinjector PFS Enbrel® Mini	Starter dose: Inject 50mg SC twice a week (72-96 hours apart) for 3 months			8 x 50mg/ml	2
		Maintenance dose: Inject 50mg SC every week			4 x 50mg/ml	_____
Enbrel® Pediatric ≥4yo	Vials PFS	Inject _____mg (0.8mg/kg) SC every week (<63 kg)			_____ x 25mg	_____
	SureClick Autoinjector PFS Enbrel® Mini	Inject 50mg SC every week (≥63kg)			4 x 50mg	_____
Humira®	Pens PFS	Plaque psoriasis (starter dose): Inject 80mg SC day 1, then 40mg on day 8, then 40mg every 2 weeks			4 x 40mg/0.8ml	0
		Hidradenitis Suppurativa (starter dose): Inject 160mg SC on day 1, then 80mg on day 15 _____			6 x 40mg/0.8ml	_____
Otezla®	28-day starter pack	Titration dose: Take as directed per package instructions			55 tablets	0
	Tablets	Bridge dose: Take 30mg by mouth once daily Bridge dose: Take 30mg by mouth twice daily			28	_____
		Maintenance dose: Take 30mg by mouth once daily Maintenance dose: Take 30mg by mouth twice daily			30-day supply	
Date needed: ____/____/____ Medication delivery to (choose one): Prescriber Home Other: _____						
Injection training to be provided by: Prescriber's Office Hy-Vee Pharmacy Solutions Other: _____						

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution: _____

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date)

DISPENSE AS WRITTEN/Do Not Substitute (date)

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