

Patient Information

Deliver to: Patient's Home Provider's Office

Date: _____

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ E-Mail: _____

Office Name, Address, Fax, & Phone

Previous Therapies Tried and Failed (please include date(s) of therapy):

Active TB Ruled Out: Yes No Date: _____
 Hep B Ruled Out/Treated: Yes No Date: _____
 Please list any contraindications/intolerances to oral immunosuppressants (Cyclosporine, Acitretin, Methotrexate):

Medication	Dose/Strength	Directions	Quantity	Refills
Cosentyx	<input type="checkbox"/> Two 150 mg/mL (300mg Dose) single-use inj. Pen <input type="checkbox"/> One 150 mg/mL single-use inj. Pen <input type="checkbox"/> Two 150 mg/mL (300mg dose) single use prefilled syringes <input type="checkbox"/> One 150 mg/mL single used prefilled syringes	<input type="checkbox"/> Psoriasis Loading Dose: Inject 300mg (2 injections) SQ weeks 0, 1, 2, 3, 4 <input type="checkbox"/> Psoriasis Maint. Dose: Inject 300mg (2 injections) SQ every 4 weeks Other:		
Dupixent	Two 300mg/mL Prefilled Syringes	Starter Dose: Inject 600mg (two 300mg syringes) SQ at Week 0 and inject 300mg (one syringe) every other week thereafter Maintenance Dose: Inject 300mg (one 300mg syringe) every other week after initial starter dose.	4 Pens	0
Enbrel	<input type="checkbox"/> 50mg/mL Prefilled Mini-Cartridges <input type="checkbox"/> 50mg/mL Sureclick™ Autoinjector <input type="checkbox"/> 50mg/mL Prefilled Syringe <input type="checkbox"/> 25mg/0.5mL Prefilled Syringe <input type="checkbox"/> 25mg Vial	<input type="checkbox"/> Psoriasis Loading Dose: Inject 50mg SQ twice weekly for 3 months <input type="checkbox"/> Psoriasis Maint. Dose: Inject 50mg SQ once weekly after 3 months <input type="checkbox"/> Pediatric Psoriasis (4-17 yo <63kg): Inj. 0.8 mg/kg SQ every week <input type="checkbox"/> Pediatric Psoriasis (4-17 yo >63kg): 50mg SQ every week		
Humira Psoriasis Starter Kit (4 Pens)	40mg/0.8mL	Psoriasis Induction Dose: Inject two 40mg Pens SQ on day 1, then one 40mg pen on day 8, then one 40mg pen every other week	1 Pack	0
Humira Prefilled Syringes (2) Pens (2)	40mg/0.8mL	Psoriasis Maintenance Dose: Inj. one 40mg pen/syr. SQ every other week Hidradenitis Seppurativa Starting Therapy A: Four 40mg SQ inj. Day 1; two 40mg SQ inj. Day 15 Hidradenitis Seppurativa Starting Therapy B: Two 40mg SQ inj Day 1, two 40mg SQ inj Day 2, two 40mg SQ inj. Day 15 Hidradenitis Seppurativa Ongoing Therapy: One 40mg SQ inj. Day 29 and every week thereafter		
Otezla	<input type="checkbox"/> Titration Starter Pack <input type="checkbox"/> 30mg Tablets	Day 1: 10mg PO in the morning Day 2: 10mg PO in the morning and 10mg in the evening Day 3: 10mg PO in the morning and 20mg in the evening Day 4: 20mg PO in the morning and 20mg in the evening Day 5: 20mg PO in the morning and 30 mg in the evening Day 6 and thereafter: 30mg PO BID <input type="checkbox"/> Maintenance Dose: 30mg po BID <input type="checkbox"/> Other:	1 Pack	0
Siliq	210mg/1.5mL Prefilled Syringes	Inject 210mg (one prefilled syringe) SQ once a week at weeks 0,1,&2 followed by one syringe injected every 2 weeks thereafter for ongoing treatment		
Simponi	<input type="checkbox"/> 50mg/mL Smartject™ Autoinjector <input type="checkbox"/> 50mg/0.5mL Prefilled Syringe	<input type="checkbox"/> Psoriatic Arthritis Dose: Inject 50mg (0.5mL) SQ once a month <input type="checkbox"/> Other:		
Stelara	<input type="checkbox"/> 45mg/0.5mL Syringe <input type="checkbox"/> 90mg/mL Syringe	<input type="checkbox"/> For patients weighing ≤ 100kg (220lbs): Inject 45mg SQ initially and 4 weeks later, then inject 45mg every 12 weeks <input type="checkbox"/> For patients weighing > 100kg (220lbs): Inject 90mg SQ initially and 4 weeks later, then inject 90mg every 12 weeks		
Tremfya	100mg/mL Prefilled Syringe	<input type="checkbox"/> Starter Dose: Inject 100mg (one prefilled syringe) SQ once at WEEK 0, and inject 100mg (one prefilled syringe) at WEEK 4 <input type="checkbox"/> Maintenance Dose: Inject 100mg (one prefilled syringe) once every 8 weeks after initial starter doses	2 Syringes	0

Signature

Dispense As Written

Substitution Permissible