DERMATOLOGY A-M

New Orleans, LA toll free 888.355.4191 toll free fax 888.355.4192
krogerspecialtypharmacy.com

SPECIALTY PHARMACY

DATE: _____ NEEDS BY DATE: _____ **SHIP TO:** ❑ PATIENT ❑ OFFICE ❑ OTHER _____

PATIENT INFO

Patient Name

Address

City, State, Zip

Main Phone Alternate Phone

Social Security #

Date of Birth ❑ Male ❑ Female

PRESCRIBER INFO

Prescriber Name

DEA # NPI # License #

Address

City, State, Zip

Phone Fax

Contact Person

PLEASE FAX COPY OF: ❑ PRESCRIPTION CARD FRONT & BACK ❑ CLINICAL NOTES ❑ MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Diagnosis: ❑ L20.9 Atopic Dermatitis ❑ L40.8 Moderate to Severe Plaque Psoriasis ❑ L40.50 Psoriatic Arthritis ❑ L73.2 Hidradenitis Suppurativa - Hurley Stage _____
❑ Other: Dx code_____ Condition _____

Drug Allergies: _____

Location: % BSA: _____ ❑ Hands ❑ Feet ❑ Scalp ❑ Groin ❑ Nails ❑ Other: _____

Prior Failed Meds: ❑ Biologics ❑ Cimzia ❑ Cosentyx ❑ Enbrel ❑ Humira ❑ Orencia ❑ Remicade ❑ Rituxan ❑ Simponi ❑ Stelara
❑ MTX ❑ Soriatane ❑ CYA Length of Treatment _____ Reason for Discontinuing _____
❑ PUVA/UVB Length of Treatment _____ Reason for Discontinuing _____
❑ Topicals Length of Treatment _____ Inadequate Response List Specific Names _____
❑ Contraindicated Medication _____ Reason _____

Does patient have a latex allergy? ❑ Yes ❑ No **TB/PPD Test given (or intended to be given before biologic started)?** ❑ Yes ❑ No **(PLEASE send LAB result)**

		PRESCRIPTION INFORMATION	QUANTITY	REFILLS
❑ Cimzia®	200mg/mL Prefilled Syringe	❑ Inject 400mg (given as 2 injections) subcutaneously every other week	4 week supply	_____
		❑ Alternate Load (Pt ≤ 90kg): Inject 400mg (as 2 injections) at weeks 0, 2 and 4	4 week supply	none
Wt: _____		❑ Alternate Maintenance (Pt ≤ 90kg): Inject 200mg subcutaneously every other week	4 week supply	_____
❑ Cosentyx®	300mg (2x150) ❑ Pen ❑ PFS	Load: Inject ❑ 300mg or ❑ 150mg subcutaneously week 0, 1, 2, 3, 4	5 week supply	none
	150mg ❑ Pen ❑ PFS	Maintenance: Inject ❑ 300mg or ❑ 150mg subcutaneously every 4 weeks	4 week supply	_____
	*Covered Until You're Covered	Free Drug Load: Inject ❑ 300mg or ❑ 150mg subcutaneously week 0, 1, 2, 3, 4*	5 week supply	none
		Free Drug Maintenance: Inject ❑ 300mg or ❑ 150mg subcutaneously every 4 weeks*	4 week supply	_____
❑ Dupixent®	300mg/2 mL PFS w/ shield	❑ Load: Inject 600mg (2-300mg injections in different injection sites) on day 1, then 300mg on day 15, then 300mg every other week	2 syringes	none
		❑ Maintenance: Inject 300mg subcutaneously every other week	2 syringes	_____
❑ Enbrel®	❑ 50mg Sureclick	❑ Inject 50mg subcutaneously **TWICE** a week 72-96 hours apart		_____
	❑ 50mg Prefilled Syringe	❑ Inject 50mg subcutaneously **ONCE** a week	4 week supply	_____
	❑ 50mg Mini Cartridge	❑ Inject 25mg subcutaneously **TWICE** a week 72-96 hours apart		_____
	❑ 25mg Prefilled Syringe	❑ Inject 2-25mg (50mg) on same day **TWICE** a week 72-96 hours apart		_____
Wt: _____	❑ 25mg Vials	❑ Inject 0.8mg/kg (_____mg) subcutaneously **ONCE** a week		_____
❑ Erivedge®	150mg capsule	Take one capsule by mouth daily	4 week supply	_____
❑ Humira®	❑ Psoriasis Starter Pkg. (Pens Only)	❑ Inject 2-40mg (80mg) on day 1, then 40mg on day 8, then 40mg every other week	Loading Dose	none
	❑ 40mg Pen	❑ Inject 40mg subcutaneously **EVERY OTHER** week		
	❑ 40mg Prefilled Syringe	❑ Inject 40mg subcutaneously **ONCE** a week	4 week supply	_____
❑ Humira® Citrate Free	❑ Psoriasis Starter Pkg. (Pens Only)	❑ Inject 80mg (1 pen) on day 1, then 40mg on day 8, then 40mg every other week	Loading Dose	none
	❑ 40mg Pen	❑ Inject 40mg subcutaneously **EVERY OTHER** week		
	❑ 40mg Prefilled Syringe	❑ Inject 40mg subcutaneously **ONCE** a week	4 week supply	_____
❑ Humira® HS	❑ HS Starter Package (Pens Only)	Inject 160mg given as ❑ Four 40mg SubQ day 1 OR ❑ Two 40mg SubQ days 1 & 2	Loading Dose	none
	❑ 40mg Pen	then week 2 inject 80mg (Two 40mg injections) subcutaneously on day 15		
	❑ 40mg Prefilled Syringe	❑ Week 4 +: Inject 40mg SQ weekly	4 week supply	_____
❑ Humira® HS Citrate Free	❑ HS Starter Package (Pens Only)	Inject 160mg ❑ Two 80mg SubQ day 1 OR ❑ One 80mg SubQ days 1 & 2	Loading Dose	none
	❑ 40mg Pen	then week 2 inject 80mg subcutaneously on day 15		
	❑ 40mg Prefilled Syringe	❑ Week 4 +: Inject 40mg SQ weekly	4 week supply	_____
❑ Other			_____	_____

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date Prescriber's Signature (no stamps) Dispense As Written Date