



SPECIALTY PHARMACY

DERMATOLOGY A-M

New Orleans, LA toll free 888.355.4191 toll free fax 888.355.4192

krogerspecialtypharmacy.com

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

PATIENT INFORMATION	
Patient Name	
Address	
City, State, Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female

PRESCRIBER INFORMATION		
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 L40.0 Moderate to Severe Plaque Psoriasis L40.50 Psoriatic Arthritis L73.2 Hidradenitis Suppurativa - Hurley Stage: _____
 Other: Dx code _____ Condition _____ Drug Allergies: _____ Weight: _____ kg lb

Location: Joints: Hands Feet Knees Spine Skin: % BSA: _____ Hands Feet Scalp Groin Nails Other: _____

Prior Failed Meds: Biologics: Cimzia Cosentyx Enbrel Humira Orencia Remicade Simponi Stelara Taltz
 Methotrexate Soriatane Cyclosporine PUVA/UVB Topicals (list names): _____ Other: _____

Does patient have a latex allergy? No Yes **TB Test:** No Yes Date: _____ Results: _____ (Please send lab results)

PRESCRIPTION INFORMATION			QUANTITY	REFILLS
<input type="checkbox"/> Cimzia®	<input type="checkbox"/> 200mg x2 PFS <input type="checkbox"/> 200mg x2 Vials	<input type="checkbox"/> (PsO) Inject 400mg (as two-200mg injections) subcutaneously every other week <input type="checkbox"/> (PsO) Alternate load (pt ≤ 90kg): Inject 400mg (as two-200mg injections) at weeks 0,2, and 4 <input type="checkbox"/> (PsO) Alternate maintenance (pt ≤ 90kg): Inject 200mg subcutaneously every other week <input type="checkbox"/> (PsA) Starter Kit: Inject 400mg (as two-200mg injections) subcutaneously at weeks 0,2, and 4 <input type="checkbox"/> (PsA) Maintenance: Inject 400mg subcutaneously every 4 weeks <input type="checkbox"/> (PsA) Maintenance: Inject 200mg subcutaneously every 2 weeks	4 Week Supply 4 Week Supply 4 Week Supply 1 Starter Kit (PFS)/6 Vials 4 Week Supply 4 Week Supply	None None None
<input type="checkbox"/> Cosentyx®	300mg (2x150mg) <input type="checkbox"/> Pen <input type="checkbox"/> PFS 150mg <input type="checkbox"/> Pen <input type="checkbox"/> PFS <i>*Covered Until You're Covered</i>	Load: Inject <input type="checkbox"/> 300mg or <input type="checkbox"/> 150mg subcutaneously at weeks 0,1,2,3,4 Maintenance: Inject <input type="checkbox"/> 300mg or <input type="checkbox"/> 150mg subcutaneously every 4 weeks Free Drug Load: Inject <input type="checkbox"/> 300mg or <input type="checkbox"/> 150mg subcutaneously at weeks 0,1,2,3,4* Free Drug Maintenance: Inject <input type="checkbox"/> 300mg or <input type="checkbox"/> 150mg subcutaneously every 4 weeks*	5 Week Supply 4 Week Supply 5 Week Supply 4 Week Supply	None None None
<input type="checkbox"/> Dupixent®	<input type="checkbox"/> 300mg PFS w/ shield <i>(Adult & Adolescent ≥ 60kg)</i> <input type="checkbox"/> 200mg PFS w/ shield <i>(Adolescent < 60kg)</i>	<input type="checkbox"/> Load: Inject 600mg (as two-300mg injections in different sites) on day 1, then 300mg on day 15 <input type="checkbox"/> Maintenance: Inject 300mg subcutaneously every other week <input type="checkbox"/> Load: Inject 400mg (as two-200mg injections in different sites) on day 1, then 200mg on day 15 <input type="checkbox"/> Maintenance: Inject 200mg subcutaneously every other week	2 Syringes 2 Syringes 2 Syringes 2 Syringes	None None None
<input type="checkbox"/> Enbrel®	50mg <input type="checkbox"/> SureClick® <input type="checkbox"/> PFS <input type="checkbox"/> Pen <input type="checkbox"/> Mini 25mg <input type="checkbox"/> PFS <input type="checkbox"/> 25mg Vial	<input type="checkbox"/> Inject 50mg subcutaneously twice a week, 72-96 hours apart <input type="checkbox"/> Inject 50mg subcutaneously once a week <input type="checkbox"/> Inject 25mg subcutaneously twice a week, 72-96 hours apart <input type="checkbox"/> Inject 50mg (as two-25mg injections) SQ on the same day twice a week, 72-96 hours apart <input type="checkbox"/> Inject _____ mg (0.8mg/kg) subcutaneously once a week	4 Week Supply 4 Week Supply 4 Week Supply 4 Week Supply 4 Week Supply	2
<input type="checkbox"/> Erivedge®	150mg Capsule	Take one capsule by mouth daily	28 Capsules	
<input type="checkbox"/> Humira® Citrate Free <i>*HS Adolescent: 30-59kg</i>	<input type="checkbox"/> Psoriasis Starter Pkg (Pens only) 40mg <input type="checkbox"/> Pen <input type="checkbox"/> PFS	Load: Inject 80mg subcutaneously on day 1, then 40mg on day 8, then 40mg every other week thereafter Maintenance: Inject 40mg subcutaneously every other week	Loading Dose 4 Week Supply	None
<input type="checkbox"/> Humira® HS Citrate Free <i>*HS Adolescent: ≥ 60kg</i>	<input type="checkbox"/> HS Starter Pkg (Pens only) 40mg <input type="checkbox"/> Pen <input type="checkbox"/> PFS	Load: Inject 160mg subcutaneously as <input type="checkbox"/> two- 80mg injections on day 1 or <input type="checkbox"/> one-80 mg injection on day 1 and then day 2, then inject 80mg on day 15, then inject 40mg every week thereafter starting on day 29 Maintenance: Inject 40mg subcutaneously every week	Loading Dose 4 Week Supply	None
<input type="checkbox"/> Humira® <i>*HS Adolescents: 30-59kg</i>	<input type="checkbox"/> Psoriasis Starter Pkg (Pens only) 40mg <input type="checkbox"/> Pen <input type="checkbox"/> PFS	Load: Inject 80mg (as two-40mg injections) subcutaneously on day 1, then 40mg on day 8, then 40mg every other week thereafter Maintenance: Inject 40mg subcutaneously every other week	Loading Dose 4 Week Supply	None
<input type="checkbox"/> Humira® HS <i>*HS Adolescent: ≥ 60kg</i>	<input type="checkbox"/> HS Starter Pkg (Pens only) 40mg <input type="checkbox"/> Pen <input type="checkbox"/> PFS	Load: Inject 160mg subcutaneously as <input type="checkbox"/> four-40mg injections on day 1 or <input type="checkbox"/> two-40 mg injections on day 1 and then day 2, then inject 80mg (as two-40mg injections) on day 15, then inject 40mg every week thereafter starting on day 29 Maintenance: Inject 40mg subcutaneously every week	Loading Dose 4 Week Supply	None
<input type="checkbox"/> 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 _____

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