

Date: _____ Need By Date: _____ Ship To: Patient Office Other _____ Fax Copy: Rx Card Front/Back Clinical Notes Medical Card Front/Back

Patient Information		Prescriber Information	
Patient Name <input type="checkbox"/> Male <input type="checkbox"/> Female		Prescriber Name	
Address		Address	
City State Zip		City State Zip	
Main Phone	Alternate Phone	Phone	Fax
Social Security #	Date of Birth	Contact Person	
Parent/Guardian Name		DEA #	NPI # License #

Clinical Information	
Diagnosis: <input type="checkbox"/> L20.9 Atopic Dermatitis <input type="checkbox"/> L40.0 Moderate to Severe Plaque Psoriasis <input type="checkbox"/> L40.50 Psoriatic Arthritis <input type="checkbox"/> L73.2 Hidradenitis Suppurativa - Hurley Stage: _____ <input type="checkbox"/> Other: _____ Dx Code: _____	
Location: Joints: <input type="checkbox"/> Hands <input type="checkbox"/> Feet <input type="checkbox"/> Knees <input type="checkbox"/> Spine Skin: <input type="checkbox"/> Hands <input type="checkbox"/> Feet <input type="checkbox"/> Scalp <input type="checkbox"/> Groin <input type="checkbox"/> Nails <input type="checkbox"/> Other: _____ % BSA: _____	
Prior Failed Meds: <input type="checkbox"/> Biologics: _____ <input type="checkbox"/> Oral: _____ <input type="checkbox"/> Topical: _____ <input type="checkbox"/> Other: _____	
Drug Allergies	Latex Allergy: <input type="checkbox"/> No <input type="checkbox"/> Yes
Weight <input type="checkbox"/> kg <input type="checkbox"/> lbs	TB Test: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Results: _____ (Please send lab results)

Prescription Information			Qty	Refills
<input type="checkbox"/> Dupixent*	<input type="checkbox"/> 300mg PFS w/Shield <input type="checkbox"/> 300mg Pen (12+ years old) (15kg to <30kg)	<input type="checkbox"/> Load: Inject 600mg (as two-300mg injections in different sites) on day 1, then 300mg every 4 weeks starting on day 29 <input type="checkbox"/> Maintenance: Inject 300mg subcutaneously once every 4 weeks	2 Syringes	None
	<input type="checkbox"/> 200mg PFS w/Shield (30kg to <60kg)	<input type="checkbox"/> Load: Inject 400mg (as two-200mg injections in different sites) on day 1, then 200mg every other week starting on day 15 <input type="checkbox"/> Maintenance: Inject 200mg subcutaneously once every other week	2 Syringes	None
	<input type="checkbox"/> 300mg PFS w/Shield <input type="checkbox"/> 300mg Pen (12+ years old) (≥60kg)	<input type="checkbox"/> Load: Inject 600mg (as two-300mg injections in different sites) on day 1 then 300mg every other week starting on day 15 <input type="checkbox"/> Maintenance: Inject 300mg subcutaneously every other week	2 Syringes	None
<input type="checkbox"/> Enbrel*	<input type="checkbox"/> 25mg Vial (<63kg) <input type="checkbox"/> 25mg PFS	<input type="checkbox"/> Inject _____ mg (0.8mg/kg) subcutaneously once a week <input type="checkbox"/> Inject 25mg subcutaneously once a week	4 Week Supply	_____
	<input type="checkbox"/> Humira* HS Citrate Free *Adol: 30kg-59kg	<input type="checkbox"/> PsO/UV Starter Pkg (Pens only) 40mg <input type="checkbox"/> Pen <input type="checkbox"/> PFS	<input type="checkbox"/> Load: Inject 80mg subcutaneously on day 1, then 40mg on day 8, then 40mg every other week thereafter <input type="checkbox"/> Maintenance: Inject 40mg subcutaneously every other week	Loading Dose
<input type="checkbox"/> Humira* HS Citrate Free *Adol: ≥ 60kg	HS Starter Pkg (Pens only) 40mg <input type="checkbox"/> Pen <input type="checkbox"/> PFS	<input type="checkbox"/> Load: Inject 160mg subcutaneously as <input type="checkbox"/> two-80mg injections on day 1 or <input type="checkbox"/> one-80mg injection on day 1 and then day 2, then inject 80mg on day 15, then inject 40mg every week thereafter starting on day 29 <input type="checkbox"/> Maintenance: Inject 40mg subcutaneously every week	4 Week Supply	_____
	<input type="checkbox"/> Stelara*	<input type="checkbox"/> 45mg Vial (<60kg)	<input type="checkbox"/> Starter: Inject _____ mg (0.75mg/kg) subcutaneously on week 0 <input type="checkbox"/> Maintenance: Inject _____ mg (0.75mg/kg) subcutaneously on week 4, then every 12 weeks thereafter	1 Vial
<input type="checkbox"/> 45mg PFS (60kg to ≥100kg)		<input type="checkbox"/> Starter: Inject 1 syringe subcutaneously on week 0 <input type="checkbox"/> Maintenance: Inject 1 syringe subcutaneously on week 4, and then every 12 weeks thereafter	1 Syringe	None
<input type="checkbox"/> 90mg PFS (>100kg)		<input type="checkbox"/> Starter: Inject 40mg subcutaneously on week 0 <input type="checkbox"/> Maintenance: Inject 20mg subcutaneously every 4 weeks thereafter	1 Syringe	None
<input type="checkbox"/> Taltz*	<input type="checkbox"/> 80mg PFS (<25kg)	<input type="checkbox"/> Starter: Inject 40mg subcutaneously on week 0 <input type="checkbox"/> Maintenance: Inject 20mg subcutaneously every 4 weeks thereafter	1 Syringe	None
	<input type="checkbox"/> 80mg PFS (25kg-50kg)	<input type="checkbox"/> Starter: Inject 80mg subcutaneously on week 0 <input type="checkbox"/> Maintenance: Inject 40mg subcutaneously every 4 weeks thereafter	1 Syringe	None
	80mg <input type="checkbox"/> Pen <input type="checkbox"/> PFS (>50kg)	<input type="checkbox"/> Starter: Inject 160mg subcutaneously (as two-80mg injections) on week 0 <input type="checkbox"/> Maintenance: Inject 80mg subcutaneously every 4 weeks thereafter	2 Syringes	None
<input type="checkbox"/> Other				

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