Dermatology A-G

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

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

Patient Information

Patient Name	
Address	
City State Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐ Male ☐ Female

Prescriber Information

Prescriber Name		
Address		
City State Zip		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

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: _____

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

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

Drug Allergies	Latex Allergy: ☐ No ☐ Yes
Weight ☐ kg ☐ lbs	TB Test: ☐ No ☐ Yes Date: _____ Results: _____ (Please send lab results)

Prescription Information

			Qty	Refills
☐ Cimzia®	☐ 200mg x2 PFS	☐ (PsO) Inject 400mg (as two-200mg injections) subcutaneously every other week	4 Week Supply	_____
	☐ 200mg x2 Vials	☐ (PsO) Alternate load (pt ≤90kg): Inject 400mg (as two-200mg injections) at weeks 0, 2, and 4	4 Week Supply	None
		☐ (PsO) Alternate maintenance (pt ≤90kg): Inject 200mg subcutaneously every other week	4 Week Supply	_____
		☐ (PsA) Starter Kit: Inject 400mg (as two-200mg injections) subcutaneously at weeks 0, 2, and 4	1 Starter Kit (PFS)/6 Vials	None
		☐ (PsA) Maintenance: Inject 400mg subcutaneously every 4 weeks	4 Week Supply	_____
		☐ (PsA) Maintenance: Inject 200mg subcutaneously every 2 weeks	4 Week Supply	_____
☐ Cosentyx®	300mg (2x150mg) ☐ Pen ☐ PFS	☐ Load: Inject 300mg subcutaneously on week 0, 1, 2, 3	4 Week Supply	None
		☐ Maintenance: Inject 300mg subcutaneously on week 4, then every 4 weeks thereafter	4 Week Supply	_____
	150mg ☐ Pen ☐ PFS	☐ Load: Inject 150mg subcutaneously on week 0, 1, 2, 3	4 Week Supply	None
		☐ Maintenance: Inject 150mg subcutaneously on week 4, then every 4 weeks thereafter	4 Week Supply	_____
☐ Cosentyx® **Covered Until You're Covered*	300mg (2x150mg) ☐ Pen ☐ PFS	☐ Free Drug Load: Inject 300mg subcutaneously on week 0, 1, 2, 3	4 Week Supply	None
		☐ Free Drug Maintenance: Inject 300mg subcutaneously on week 4, then every 4 weeks thereafter	4 Week Supply	_____
	150mg ☐ Pen ☐ PFS	☐ Free Drug Load: Inject 150mg subcutaneously on week 0, 1, 2, 3	4 Week Supply	None
		☐ Free Drug Maintenance: Inject 150mg subcutaneously on week 4, then every 4 weeks thereafter	4 Week Supply	_____
☐ Dupixent®	300mg ☐ Pen ☐ PFS w/Shield	☐ Load: Inject 600mg (as two-300mg injections) in different sites on day 1, then inject 300mg every other week starting on day 15	2 Syringes	None
		☐ Maintenance: Inject 300mg subcutaneously every other week	2 Syringes	_____
	☐ 200mg PFS w/Shield	☐ Load: Inject 400mg (as two-200mg injections in different sites) on day 1, then inject 200mg every other week starting on day 15	2 Syringes	None
		☐ Maintenance: Inject 200mg subcutaneously every other week	2 Syringes	_____
☐ Enbrel®	50mg ☐ SureClick®	☐ Inject 50mg subcutaneously twice a week, 72-96 hours apart	4 Week Supply	2
	☐ PFS	☐ Inject 50mg subcutaneously once a week	4 Week Supply	_____
	☐ Mini	☐ Inject 25mg subcutaneously twice a week, 72-96 hours apart	4 Week Supply	_____
	25mg ☐ PFS	☐ Inject 50mg (as two-25mg injections) SQ on the same day twice a week, 72-96 hours apart	4 Week Supply	_____
	☐ 25mg Vial	☐ Inject _____ mg (0.8mg/kg) subcutaneously once a week	4 Week Supply	_____
☐ Erivedge®	150mg Capsule	Take one capsule by mouth daily	28 Capsules	_____
☐ Other				

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

Dermatology H-O

Kroger specialty pharmacy

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Patient Information

Patient Name	
Address	
City State Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐ Male ☐ Female

Prescriber Information

Prescriber Name		
Address		
City State Zip		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

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Skin: ☐ Hands ☐ Feet ☐ Scalp ☐ Groin ☐ Nails ☐ Other: _____ % BSA: _____

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☐ Topicals (list names): _____ ☐ Other: _____

Drug Allergies	Latex Allergy: ☐ No ☐ Yes
Weight ☐ kg ☐ lbs	TB Test: ☐ No ☐ Yes Date: _____ Results: _____ (Please send lab results)

Prescription Information

			Qty	Refills
☐ Humira® Citrate Free *HS Adol: 30kg-59kg	☐ Psoriasis Starter Pkg (Pens only) 40mg ☐ Pen ☐ 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 _____
☐ Humira® HS Citrate Free *HS Adol: ≥60kg	☐ HS Starter Pkg (Pens only) 40mg ☐ Pen ☐ PFS	☐ Load: Inject 160mg subcutaneously as ☐ two- 80mg injections on day 1 **or** ☐ 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 ☐ Maintenance: Inject 40mg subcutaneously every week	Loading Dose 4 Week Supply	None _____
☐ Humira® *HS Adol: 30kg-59kg	☐ Psoriasis Starter Pkg (Pens only) 40mg ☐ Pen ☐ 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 _____
☐ Humira® HS *HS Adol: ≥60kg	☐ HS Starter Pkg (Pens only) 40mg ☐ Pen ☐ PFS	☐ Load: Inject 160mg subcutaneously as ☐ four-40mg injections on day 1 **or** ☐ two-40mg 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 _____
☐ Odomzo®	200mg Capsule	Take one capsule by mouth daily on an empty stomach, 1 hour before or 2 hours after a meal	30 Capsules	_____
☐ Otezla®	☐ Starter Pack ☐ 30mg Tablet	☐ Take 1 tablet on day 1 then twice daily as directed **or** date provided _____ ☐ Take 1 tablet by mouth twice daily For Bridge Requests please utilize the Otezla Support Plus Start Form and fax to Kroger Specialty Pharmacy at 888.355.4192	1 Starter Pack 60 Tablets	None _____
☐ Other				

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

Dermatology P-Z

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Patient Information

Patient Name	
Address	
City State Zip	
Main Phone	Alternate Phone
Social Security #	
Date of Birth	☐ Male ☐ Female

Prescriber Information

Prescriber Name		
Address		
City State Zip		
Phone	Fax	
Contact Person		
DEA #	NPI #	License #

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☐ Topicals (list names): _____ ☐ Other: _____

Drug Allergies	Latex Allergy: ☐ No ☐ Yes
Weight ☐ kg ☐ lbs	TB Test: ☐ No ☐ Yes Date: _____ Results: _____ (Please send lab results)

		Prescription Information	Qty	Refills
☐ Siliq®	210mg PFS	☐ Load: Inject 210mg subcutaneously on weeks 0, 1, and 2, then every 2 weeks thereafter	4 Syringes	None
		☐ Maintenance: Inject 210mg subcutaneously every 2 weeks	2 Syringes	_____
☐ Simponi®	50mg ☐ SmartJect® ☐ PFS	Inject 50mg subcutaneously once a month as directed	1 Dose	_____
☐ Skyrizi™	75mg PFS	☐ Starter: Inject 150mg (as two-75mg syringes) subcutaneously on week 0	2 Syringes	None
		☐ Maintenance: Inject 150mg (as two-75mg syringes) subcutaneously on week 4, then every 12 weeks thereafter	2 Syringes	_____
☐ Stelara®	☐ 45mg PFS (Weight ≤100kg)	☐ Starter: Inject 1 syringe subcutaneously on week 0	1 Syringe	None
	☐ 90mg PFS (Weight >100kg)	☐ Maintenance: Inject 1 syringe subcutaneously on week 4, and then every 12 weeks thereafter	1 Syringe	_____
	☐ 45mg Vial (For Adol: <60kg)	☐ Starter: Inject _____ mg (0.75mg/kg) subcutaneously on week 0	1 Vial	None
		☐ Maintenance: Inject _____ mg (0.75mg/kg) subcutaneously on week 4, then every 12 weeks thereafter	1 Vial	_____
☐ Taltz®	80mg ☐ Autoinjector ☐ PFS	☐ Load (Plaque psoriasis): Inject 160mg (as two-80mg injections) subcutaneously on week 0, then 80mg on week 2, then	3 Doses	None
		Inject 80mg subcutaneously every 2 weeks (weeks 4-10), then	2 Doses	1
		Inject 80mg subcutaneously at week 12	1 Dose	None
		☐ Load (Psoriatic arthritis): Inject 160mg (as two-80mg injections) subcutaneously on week 0	2 Doses	None
		☐ Maintenance: Inject 80mg subcutaneously every 4 weeks	1 Dose	_____
☐ Tremfya®	100mg ☐ One-Press Injector ☐ PFS	☐ Starter: Inject 100mg subcutaneously on week 0	1 Dose	None
		☐ Maintenance: Inject 100mg subcutaneously on week 4, then every 8 weeks thereafter	1 Dose	_____
☐ Xeljanz®	☐ 5mg Tablet	☐ Take 1 tablet by mouth twice daily	60 Tablets	_____
	☐ 11mg XR Tablet	☐ Take 1 tablet by mouth daily	30 Tablets	_____
☐ Other				

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