

## Psoriasis Enrollment Form Fax: 877-309-0687 Phone: 877-437-9012

Patient Information	Prescriber Information
Patient Name: Date of Birth:  Sex: Home Phone: E-mail:  Work phone: Cell Phone:  Address:  City: State: Zip:  Please attach copy of front and back of patient's prescription ins. card(s) if applicable Insurance Company Name: Insurance Company Phone:  Policy holder:  Paletienphin to Patient:	Practice/ Organization Name:
Relationship to Patient: Policy holder Employer: ID# Group# RxBIN: RxPCN:  Clinical Info	Shipment Address:  City:  State:  State:  If shipped to the physician's office, physician accepts on behalf of patient for administration in office.
Diagnosis: □ L40 Psoriasis □ L40.54 Juvenile Psoriatic Arthritis □ L40.54 Date of Diagnosis or Years with Disease:  Allergies (□ NKDA): Patient Height: Patient Weight: Patient Height: %  Has Hepatitis B been ruled out? □ YES □ NO  NEGATIVE tuberculin skin test? □ YES □ NO  BSA (Body Surface Area) affected by Psoriasis: %  Prior Failed Medications and date %	0.59 Psoriatic Arthritis
Expected First Dose Date:	•

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Physician Signature (no stamps):

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	Prescription Information							
Date:	Patient Name:	Patient DOB:	Prescriber Name:					
	Office Phone:	Fax:	Prescriber Address:					
□ Cimzia® (certolizur □ Initial: Inject 4 □ Maintenance: □ Inject 400 mg	<b>EW</b> TO THERAPY  mab pegol) □ 200mg Prefilled Syringes □ 200mg Vials □ 200mg Starter I  400 mg SC at weeks 0, 2 and 4, followed by proper maintenance dose  Inject 200 mg SC every other week (Wt ≤90 kg)  SC every other week (Wt >90kg)	Kit	☐ <b>CURRENT</b> TO THERAPY					
☐ Cosentyx® (secul ☐Initial: Inject 19 ☐Maintenance: ☐Initial (for pedi	kinumab) □ 150mg Pen Auto injector □ 75mg Prefilled Syringe □ 150mg I 50mg SC at weeks 0,1,2,3,4, then 150mg SC every 4 weeks OR □ Initial: I Inject 150mg SC every 4 weeks OR □ Maintenance: Inject 300mg SC every 1 atric <50kg): Inject 75mg SC at weeks 0,1,2,3,4, then 75mg SC every 4 weeks (for pediatric <50kg): Inject 75mg SC every 4 weeks	nject 300mg SC at weeks 0,1,2,3,4, then 300mg Scry 4 weeks	C every 4 weeks					
☐ Enbrel® (etanerce☐ Initial: Inject 5☐ Maintenance:	ept) □50mg SureClick □50mg Mini AutoTouch □50mg PF Syringe □25mg SC twice per week (3-4 days apart) x 3 months: Inject 50mg SC once per week: Inject 0.8mg/kg/dose SC once per week  Patient Weight:	g Prefilled Syringe						
□Initial: Inject 80 □Initial: Inject 0 □Maintenance:	umab) □80mg/0.8ml CF Pen □ 40mg/0.4ml CF Prefilled Syringe □ 40mg/0.0 mg SC Day 1, then 40mg Day 8, then 40mg every other week thereafter 0.8mg/kg/dose SC weekly x 2 weeks then every 2 weeks Inject 40mg SC every two weeks 0.8mg/kg/dose every 2 weeks Patient Weight:	0.4 CF Pen □ 40mg/0.8ml Pen □ 40mg/0.8ml Pre	filled Syringe □ 20mg/0.2ml Prefilled Syringe □ 10mg/0.1ml Prefilled Syringe					
□ Ilumya® (tildrakizu	umab) 100mg/ml Prefilled Syringe 00mg SC at weeks 0, 4 and then every 12 weeks thereafter Inject 100mg SC every 12 weeks							
☐ Otezla® (apremila	at) s directed per starter pack							

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Date:



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Date:	Prescription Information					
NEW TO THERAPY	Date:	Patient Name:		Patient DOB:	Prescriber Name:	
Remicade® (infliximats) 100mg vial OR   Inflectra® (infliximats-dyyb) 100mg vial OR   Renflexis® (infliximats-abda) 100mg vial OR   Avsola® (infliximats-axxq) vial   Infliati: Infliate: Englise Singkis (infliximats-axxq) vial   Nationation and vial of the seeks   Other:   Silking® (incodalumats) 210 mg/1.5ml Prefilled Syringe   Silking® (incodalumats) 210 mg/1.5ml Prefilled Syringe   Infliati: Inject 210mg SC at weeks 0.1, and 2 hen every 2 weeks thereafter   Maintenance: Inject 100mg SC at weeks 0.1, and 2 hen every 2 weeks thereafter   Maintenance: Inject 150 mg SC at weeks 0.1, and 2 hen every 12 weeks thereafter   Maintenance: Inject 150 mg SC at weeks 0.2, and then every 12 weeks thereafter   Maintenance: Inject 150 mg SC at weeks 0.4, and then every 12 weeks thereafter   Maintenance: Inject 150 mg SC at weeks 0.4, and then every 12 weeks thereafter   Maintenance: Inject 2 or weeks 0.4, then every 12 weeks thereafter   Maintenance: Inject 2 or weeks 0.4, then every 12 weeks thereafter   Maintenance: Inject 5 or week 0.4, then every 12 weeks thereafter   Maintenance: Inject 5 or week 0.4, then every 12 weeks thereafter   Maintenance: Inject 150 mg SC at weeks 2.4,6,8,10,12 followed by 80mg SC every 4 weeks   Maintenance: Inject 80 mg SC at weeks 2.4,6,8,10,12 followed by 80mg SC every 4 weeks   Maintenance: Inject 80 mg SC at weeks 2.4,6,8,10,12 followed by 80mg SC every 4 weeks   Maintenance: Inject 80 mg SC at weeks 0.4 and then every 8 weeks   Patient Weight:   Patient Wei						
Remicade® (infliximab) 100mg vial OR   Inflectra® (infliximab-dyvb) 100mg vial OR   Renflexis® (infliximab-abda) 100mg vial OR   Avsola® (infliximab-axxq) vial   Infliati: Infliate: Grogking (infliximab-axxq) vial   Nationab care via weeks   Nationab care via via weeks   Nationab care via		M TO THERADY			☐ CURRENT TO THERADY	
Siliq® (brodalumab) 210 mg/15 ml Prefilled Syringe   Initial: Inject 210mg SC at weeks 0,1, and 2 then every 2 weeks thereafter   Maintenance: Inject 150mg MP Prefilled Syringe   150mg/ml Pen   Initial: Inject 150 mg SC at weeks 0,4 and then every12 weeks thereafter   Maintenance: Inject 150 mg SC at weeks 0,4 and then every12 weeks thereafter   Maintenance: Inject 150 mg SC every 12 weeks   Other:   Sofyktu (Deucravacitinib)   6mg tablet   Take 6mg by mouth once daily   45mg Prefilled Syringe (wt<100kg)   90mg Prefilled Syringe (wt<100kg)   90mg Prefilled Syringe (wt<100kg)   10mliati: Inject SC at weeks 0,4 then every 12 weeks thereafter   Maintenance: Inject SC every 12 weeks thereafter   Maintenance: Inject SC every 12 weeks   10mliati: Inject SC every 12 weeks   10mliati: Inject 150 mg SC at weeks 2,4,6,8,10,12 followed by 80mg SC every 4 weeks   10mliati: Inject 150 mg SC at week 0,80 mg SC at weeks 2,4,6,8,10,12 followed by 80mg SC every 4 weeks   10mliati: Inject 150 mg SC at week 0,80 mg SC at weeks 2,4,6,8,10,12 followed by 80mg SC every 4 weeks   10mliati: Inject 150 mg SC at week 0,80 mg every 4 weeks   10mliati: Inject 150 mg SC at week 0,80 mg every 4 weeks   10mliati: Inject 150 mg SC at week 0,80 mg every 4 weeks   10mliati: Inject 150 mg SC every 4 week 0 then 40 mg every 4 weeks   10mliati: Inject 150 mg SC at weeks 0,4 and then every 8 weeks thereafter   10mliati: Inject 150 mg SC at weeks 0,4 and then every 8 weeks thereafter   10mliati: Inject 150 mg SC every 8 weeks   10mg Every 4 weeks   10mliati: Inject 150 mg SC every 8 weeks   10mg Every 4 weeks   10mliati: Inject 150 mg SC every 8 weeks   10mg Every 4 weeks   10mliati: Inject 150 mg SC every 8 weeks   10mg Every 4 weeks   10mliati: Inject 150 mg SC every 8 weeks   10mg Every 4 weeks   10mg Every 4 weeks   10mliati: Inject 150 mg SC every 8 weeks   10mg Every 4 weeks	□ <b>Remicade</b> ® (inflixin □ Initial: Infuse 5i □ Maintenance: I	nab) 100mg vial OR		infliximab-abda) 100mg vial OR □ <b>Avs</b>		
Initial: Inject 150 mg SC at weeks 0, 4 and then every12 weeks thereafter   Maintenance: Inject 150 mg SC every 12weeks   Other:   Sotyktu (Beucravacitinib)   6 mg tablet   Take 6 mg by mouth once daily   Stelara® (ustekinumab)   45mg Prefilled Syringe (wt<100kg)   90mg Prefilled Syringe (wt<100kg)   90mg Prefilled Syringe (wt<100kg)   Initial: Inject SC at weeks 0,4, then every 12 weeks thereafter   Maintenance: Inject 50 every 12 weeks thereafter   Maintenance: Inject 60 mg SC every 12 weeks   Maintenance: Inject 60 mg SC at week 0, 80 mg SC at weeks 2,4,6,5,10,12 followed by 80mg SC every 4 weeks   Patient Weight:   Patient Weigh	□ <b>Siliq</b> ® (brodalumab □ Initial: Inject 210 □ Maintenance: Ir	Omg SC at weeks 0,1, and 2 then every 2 weeks then	eafter			
Sotyktu (Deucravacitinib)	□Initial: Inject 150 □Maintenance: Inj	mg SC at weeks 0, 4 and then every12 weeks there ect 150 mg SC every 12weeks				
Stelara® (ustekinumab) □ 45mg Prefilled Syringe (wt<100kg) □ 90mg Prefilled Syringe (wt>100kg) □ Initial: Inject SC at weeks 0,4, then every 12 weeks thereafter □ Maintenance: Inject SC every 12 weeks Other: □ Taltz® (ixekizumab) □ 80mg/ml Prefilled Syringe OR □ 80mg/ml AutoInjector □ Initial: Inject 160 mg SC at week 0, 80 mg SC at weeks 2,4,6,8,10,12 followed by 80mg SC every 4 weeks □ Inject 80 mg SC every 8 weeks 9 mg SC every 8 weeks 9 mg SC every 8 weeks 9 mg SC every 8 mg	□ <b>Sotyktu</b> (Deucravad	citinib) □ 6mg tablet				
□ Taltz® (ixekizumab) □ 80mg/ml Prefilled Syringe OR □ 80mg/ml AutoInjector         □ Initial: Inject 160 mg SC at week 0, 80 mg SC every 4 weeks         □ Maintenance: Inject 80 mg SC every 4 weeks         □ pediatric dosing >50kg: 160mg week 0 then 80 mg every 4 weeks         □ pediatric dosing 25-50kg: 80mg week 0 then 20 mg every 4 weeks         □ pediatric dosing <25kg: 40mg week 0 then 20 mg every 4 weeks	□ <b>Stelara</b> ® (ustekinun □Initial: Inject SC □Maintenance: Ir	nab)   45mg Prefilled Syringe (wt<100kg)   90mg at weeks 0,4, then every 12 weeks thereafter piect SC every 12 weeks	Prefilled Syringe (wt >100kg)			
□ Tremfya® (guselkumab) □ 100mg/ml Prefilled Syringe □ 100mg/ml One-Press Patient-Controlled Injector □ Initial: Inject 100mg SC at weeks 0, 4 and then every 8 weeks thereafter □ Maintenance: Inject 100mg SC every 8 weeks □ Other: □ Xeljanz® (Tofacitanib) □ 5mg Tablet □ 10mg Tablet □ Take 1 tablet by mouth 2 times daily	☐ <b>Taltz</b> ® (ixekizumab) ☐ Initial: Inject 16( ☐ Maintenance: Ir ☐ pediatric dosing ☐ pediatric dosing ☐ pediatric dosing	0 mg SC at week 0, 80 mg SC at weeks 2,4,6,8,10,1: nject 80 mg SC every 4 weeks >50kg: 160mg week 0 then 80 mg every 4 weeks 25-50kg: 80mg week 0 then 40 mg every 4 weeks	2 followed by 80mg SC every 4 v  Patient Weight: Patient Weight:	weeks		
□Take 1 tablet by mouth 2 times daily	☐ <b>Tremfya</b> ® (guselku ☐Initial: Inject 100 ☐Maintenance: Ir	Omg SC at weeks 0, 4 and then every 8 weeks there		tor		
Quantity Prescribed: QS 30 days Other: Refills Authorized: 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	• '	, -				
	Quantity Prescribe	d:□ QS 30 days □ Other: Refills Autl	norized:□ 0 □1 □2 □3	□ 6 □11 □Other: Plea	ase indicate in space provided if brand is necessary by writing DAW:	

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