RELIANT HEALTHCARE

Dermatology
ORDER FORM

Phone: (877) 354-2688
Fax: (844) 635-5250

PATIENT INFORMATION

Name: Caregiver:
Address:
City: State: ZIP:
Phone: Alt Phone:
Email: Soc. Sec. #:
DOB: Ht: Wt: Gender: ☐ M ☐ F

PRESCRIBER INFORMATION

Name:
Address:
City: State: ZIP:
Phone: Fax:
NPI: DEA: Tax ID:
Office Contact: Phone:

CLINICAL INFORMATION

Diagnosis (ICD-10): ☐ L40.0 Moderate to severe plaque psoriasis ☐ L40.50 Arthropathic psoriasis, unspecified ☐ L20.9 Atopic dermatitis ☐ L73.2 Hidradenitis suppurativa - Hurley Stage: ☐ Other:

Drug Allergies: **Latex Allergy:** ☐ Yes ☐ No

TB/PPD Result: ☐ Positive ☐ Negative (please send copy) **TB Date:** **Diagnosis Date:** **BSA:**

Please Fax Copies: ☐ Medical card (front and back) ☐ Prescription card (front and back) ☐ Clinical notes

MEDICATION	DOSAGE AND STRENGTH	DIRECTIONS ☐ SHIP TO HOME ☐ IN OFFICE	QTY	REFILLS
☐ **Adalimumab***	☐ 40mg/0.4mL Pen CF ☐ 40mg/0.4mL Prefilled Syringe CF ☐ 80mg/0.8mL Pen CF ☐ DAW1 Product:	☐ **Psoriasis Starting Dose:** Inject 80mg SC day 1, then 40mg day 8 and every other week ☐ **H. Suppurativa Starting Dose:** Inject 160mg SC on day 1, then 80mg on day 15 ☐ **Maintenance Dose:** Inject 40mg SC every other week ☐ **Maintenance Dose:** Inject 40mg SC once a week ☐ **Maintenance Dose:** Inject 80mg SC every other week	QS QS QS QS QS	None None
☐ **Bimzelx**	☐ 160mg/mL Prefilled Autoinjector ☐ 320mg/2mL Prefilled Autoinjector ☐ 160mg/mL Prefilled Syringe ☐ 320mg/2mL Prefilled Syringe	☐ **Starting Dose:** Administer 320mg SC at weeks 0, 2, 4, 6, 8, 10, 12, and 14 ☐ **Starting Dose:** Administer 320mg SC at weeks 0, 4, 8, and 12 ☐ **Maintenance Dose:** Administer 320mg SC every 8 weeks beginning at week 16 ☐ **Maintenance Dose:** Administer 320mg SC every 4 weeks beginning at week 16 ☐ Administer 160mg SC every 4 weeks	QS QS QS QS QS	None None
☐ **Cosentyx**	☐ 150mg/mL Sensoready Pen ☐ 150mg/mL Prefilled Syringe ☐ 300mg/2mL UnoReady Pen	☐ **Induction Dose:** Inject 150mg SC at weeks 0, 1, 2, and 3 ☐ **Induction Dose:** Inject 300mg SC at weeks 0, 1, 2, and 3 ☐ **Maintenance Dose:** Inject 150mg SC every four (4) weeks, beginning at week 4 ☐ **Maintenance Dose:** Inject 300mg SC every four (4) weeks, beginning at week 4 ☐ **Maintenance Dose:** Inject 300mg SC every two (2) weeks	QS QS QS QS QS	None None
☐ **Dupixent**	☐ 300mg/2mL Syringe 2 Pack ☐ 300mg/2mL Pen 2 Pack	☐ **Initial Dose:** Inject 600mg SC at day 1 ☐ **Maintenance Dose:** Inject 300mg SC every other week starting on day 15	QS QS	None
☐ **Ebglyss**	☐ 250mg/2mL Prefilled Pen ☐ 250mg/2mL Prefilled Syringe	☐ **Starting Dose:** Inject 500mg SC at weeks 0 and 2, then 250mg Q2W until week 16 ☐ **Maintenance Dose:** Administer 250mg SC every 4 weeks starting on week 16	QS QS	None
☐ **Enbrel**	☐ 50mg/mL ☐ SureClick ☐ PFS ☐ 50mg/mL Enbrel Mini Cartridge ☐ 25mg ☐ PFS (0.5mL) ☐ Vial	☐ **PsO Loading Dose:** Inject 50mg SC twice a week (72 to 96 hours apart) for 3 months ☐ Inject 50mg SC once a week ☐ Inject 25mg SC twice a week (72 to 96 hours apart)	QS QS QS	
☐ **Orencia**	☐ 125mg/mL ☐ ClickJect ☐ PFS	☐ **Maintenance Dose:** Inject 125mg SC once a week (100 lbs or more)	QS	
☐ **Otezla**	☐ Starter Pack (Titration) ☐ 30mg Tablets ☐ 75mg XR Tablets	☐ **Starter Pack:** Take one tablet in the morning on day 1, then take one tablet in the morning and one tablet in the evening as directed on the starter pack ☐ **Maintenance Dose:** Take one 30mg tablet by mouth twice daily ☐ **Maintenance Dose (XR):** Take one 75mg XR tablet by mouth once daily	QS QS QS	None
☐ **Rinvoq**	☐ 15mg ER Tablets ☐ 30mg ER Tablets	☐ Take 15mg by mouth once a day ☐ Take 30mg by mouth once a day	QS QS	
☐ **Simponi**	☐ 50mg/0.5mL ☐ Pen ☐ PFS	☐ Inject 50mg SC once a month	QS	
☐ **Skyrizi**	☐ 150mg/mL Prefilled Pen ☐ 150mg/mL Prefilled Syringe	☐ **Initial Dose:** Inject 150mg SC at week 0 ☐ **Maintenance Dose:** Inject 150mg SC every 12 weeks, beginning at week 4	QS QS	None
☐ **Sotyktu**	☐ 6mg Tablets	☐ Take 6mg by mouth once daily with or without food	QS	
☐ **Taltz**	☐ 80mg/mL Prefilled Autoinjector ☐ 80mg/mL Prefilled Syringe	☐ **Initial Dose:** Inject 160mg SC at week 0 and 80mg at week 2 ☐ **Maintenance Dose:** Inject 80mg SC at weeks 4, 6, 8, 10, and 12, then every 4 weeks ☐ **Initial Dose:** Inject 160mg SC at week 0 ☐ **Maintenance Dose:** Inject 80mg every 4 weeks	QS QS QS QS	None None
☐ **Tremfya**	☐ 100mg Prefilled Syringe ☐ 100mg One-Press Injector	☐ **Initial Dose:** Inject 100mg SC at week 0 ☐ **Maintenance Dose:** Inject 100mg SC every 8 weeks, beginning at week 4	QS QS	None
☐ **Ustekinumab***	☐ 45mg/0.5mL PFS (220 lbs or less) ☐ 90mg/mL PFS (over 220 lbs) ☐ DAW1 Product:	☐ **Initial Dose:** Inject one (1) prefilled syringe SC at week 0 ☐ **Maintenance Dose:** Inject one (1) prefilled syringe SC every 12 weeks, beginning at week 4	QS QS	None
☐ **Other**		Directions:		

***Pharmacy may select a biosimilar based on payor guidelines unless DAW1 is selected.**

By signing, I authorize Reliant Healthcare and its employees to act as my prior authorization designated agent with medical and prescription insurers and patient assistance programs, and to substitute an approved biosimilar if required or allowed by insurance coverage. I certify that the person named is my patient, the information provided is complete and accurate to the best of my knowledge, and the therapy is medically necessary.

Physician Name (Print) Physician Signature Date