Community Memorial Pharmacy
P: 844-236-8311
F: 805-948-5176

Community Memorial HEALTHCARE

☐ **New/Changed Dose**

Dermatology (F-N) Humira®, Ilumya™

Prescriber Information

Prescriber Name _____ ☐ MD ☐ DO ☐ NP ☐ PA NPI _____

Office Contact _____ Practice Name / Collaborating MD _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Patient Information • PLEASE SEND COPY OF INSURANCE CARD

Patient's Name _____ Last 4 Digits of SS# _____ DOB / /

Sex ☐ M ☐ F Weight _____ Height _____ Diabetic? ☐ Y ☐ N

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell _____ HIPAA Contact _____

Emergency # _____

Interpreter Needed? ☐ Y ☐ N | Allergies ☐ Y ☐ N If Yes, list allergies _____

Insurance Information

Primary Insurance _____ Policy ID _____ Group# _____

BIN _____ PCN _____

Policyholder Name _____ Policyholder DOB / /

Clinical Information • PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES, AND LAB VALUES

ICD-10/Diagnosis Code ☐ Alopecia areata (L63) ☐ Psoriasis Vulgaris (L40.0) ☐ Other Psoriasis (L40.8)
☐ Psoriasis unspecified (L40.9) ☐ Psoriatic Arthritis (L40.5) ☐ Hidradenitis Suppurativa (L73.2)
☐ Chronic Urticaria (L50.8) ☐ Atopic Dermatitis (L20.9) ☐ Basal cell carcinoma (C44.___)
☐ Other _____

TB/PDD Test Given ☐ Y ☐ N Date of Neg. Test / /

HBV Positive? ☐ Y ☐ N If Yes, is patient currently treated? ☐ Y ☐ N

Prior Treatment? ☐ Y ☐ N (Provide Information Below) BSA Affected (%) _____

Affected Areas ☐ Palms ☐ Soles ☐ Head ☐ Neck ☐ Genitalia ☐ Other _____

Prior Therapy _____

Reason for Discontinuation of Therapy _____ Approx. Start Date / /
Approx. End Date / /

Comorbidities _____

Concomitant Medications _____

Community Memorial HEALTHCARE

Prescription Information

Medication	Quantity/Dose	Sig	Refills
☐ HUMIRA® *Adults ☐ PFS ☐ Pen	☐ Psoriasis/Uveitis Starter Pack (1x80 mg/0.8 ml, 2x40 mg/0.4 ml) ☐ CD/UC/HS Starter Pack (3x80 mg/0.8 ml)	Starter Dose: ☐ Inject 80 mg SQ on day 1. Begin maintenance dosing on day 8. ☐ Inject 160 mg SQ on day 1, then 80 mg on day 15. Begin maintenance dosing on day 29. ☐ Inject 80 mg SQ on day 1, then 80 mg on day 2, then 80 mg on day 15. Begin maintenance dosing on day 29.	No Refills
	☐ 1 carton (2x40 mg/0.4 ml) ☐ 2 cartons (4x40 mg/0.4 ml) ☐ 1 carton (2x80 mg/0.8ml) – PEN ONLY	Maintenance Dose: ☐ Inject 40 mg SQ every other week ☐ Inject 40 mg SQ every week ☐ Inject 80 mg SQ every other week	
☐ HUMIRA® **Adolescents age 12+ (HS) ☐ PFS ☐ Pen	☐ Psoriasis/Uveitis Starter Pack (1x80 mg/0.8 ml, 2x40 mg/0.4 ml) ☐ CD/UC/HS Starter Pack (3x80 mg/0.8 ml)	Starter Dose: ☐ Weight 30 kg (66 lbs) to < 60 kg (132 lbs): Inject 80 mg SQ on day 1. Begin maintenance dosing on day 8. Weight 30 kg (66 lbs) to < 60 kg (132 lbs): ☐ Inject 160 mg SQ on day 1, then 80 mg on day 15. Begin maintenance dosing on day 29. ☐ Inject 80 mg SQ on day 1, then 80 mg on day 2, then 80 mg on day 15. Begin maintenance dosing on day 29.	No Refills
	☐ 1 carton (2x40 mg/0.4 ml) ☐ 2 cartons (4x40 mg/0.4 ml) ☐ 1 carton (2x80 mg/0.8 ml) – PEN ONLY	Maintenance Dose: ☐ Weight 30 kg (66 lbs) to < 60 kg (132 lbs): Inject 40 mg SQ every other week Weight 30 kg (66 lbs) to < 60 kg (132 lbs): ☐ Inject 40 mg SQ every week ☐ Inject 80 mg SQ every other week	
☐ ILUMYA™	☐ 1 carton (1x100 mg/mL PFS)	☐ Starter Dose: Inject 100 mg SQ at week 0. Start maintenance dose at week 4	No Refills
		☐ Maintenance Dose: Inject 100 mg SQ every 12 weeks	

Injection Training

☐ Patient received injection training ☐ Prescriber's office to provide injection training
☐ Community Memorial Healthcare to coordinate injection training

By signing this form and utilizing our services, you are authorizing Community Memorial Healthcare and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber Signature _____ *Substitution Permitted*
Date _____

Prescriber Signature _____ *Dispense as Written*
Date _____

If brand is required, please write "DAW" in the box to the right. ☐