

New/Changed Dose**Dermatology (T-Z) Taltz®, Tremfya®, Xolair®****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 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)
 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 _____

Prescription Information

Medication	Quantity/Dose	Sig	Refills
TALTZ® (Plaque Psoriasis) Autoinjector PFS	3x80 mg/ml	Inject 160 mg SQ on Day 0 and 80 mg SQ at week 2	No Refills
	2x80 mg/ml	Titration Dose: Inject 80 mg SQ at weeks 4, 6, 8, 10	1 Refill
	1x80 mg/ml	Maintenance Dose: Inject 80 mg SQ every 4 weeks starting at week 12	
TALTZ® (Pediatric Plaque Psoriasis) PFS	Pediatric 2x80 mg/ml 1x80 mg/ml	Starter Dose: Patients >50 kg: Inject 160 mg at week 0. Begin maintenance dosing at week 4 Patients 25-50 kg: Inject 80 mg at week 0. Begin maintenance dosing at week 4. Patients <25 kg: Inject 40 mg at week 0. Begin maintenance dosing at week 4.	
	Pediatric 1x80 mg/ml	Maintenance Dose: Patients >50 kg: Inject 80 mg every 4 weeks Patients 25-50 kg: Inject 40 mg every 4 weeks Patients <25 kg: Inject 20 mg every 4 weeks.	
TALTZ® (Psoriatic Arthritis) Autoinjector PFS	2x80 mg/ml	Starter Dose: Inject 160 mg SQ on Day 0	No Refills
	1x80 mg/ml	Maintenance Dose: Inject 80 mg SQ every 4 weeks starting at week 4	
TREMFYA® PFS OnePress	2 cartons (2x100 mg/mL)	Starter Dose: Inject 100 mg SQ at weeks 0 and 4	No Refills
	1 carton (1x100 mg/mL)	Maintenance Dose: Inject 100 mg SQ every 8 weeks	
XOLAIR® PFS Pen	Number of 75 mg/0.5 ml pens/syringes _____ Number of 150 mg/ml pens/syringes _____ Number of 300 mg/2 ml pens/syringes _____	Inject 150 mg SQ every 4 weeks Inject 300 mg SQ every 4 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.