

DERMATOLOGY

PATIENT INFORMATION

Patient's Name: _____ SSN: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Email: _____ Height: _____ Weight: _____ Gender: Female Male

INSURANCE INFORMATION (or attach copy of the cards)

Primary Insurance: _____ Policy Holder: _____ Relationship: _____ Policy #: _____ Group #: _____
 Secondary Insurance: _____ Policy Holder: _____ Relationship: _____ Policy #: _____ Group #: _____

CLINICAL INFORMATION

Primary Diagnosis: Moderate to Severe Plaque Psoriasis Psoriatic Arthritis Hidradenitis Suppurativa Atopic Dermatitis Alopecia Areata Other: _____ Diagnosis Code (ICD-10): _____
 Date of Diagnosis: _____ TB Test Completed On: _____ BSA: _____ Latex Allergy: Y N

PRESCRIPTION INFORMATION (for IV medication attach a copy of the prescription)

ADBRY™ (tralokinumab-ldrm) 150 mg Prefilled Syringe
 Induction: Inject 600 mg (4 x150 mg) SubQ
 Qty: 4 Refills: None
Maintenance:
 Inject 300 mg (2 x150 mg) SubQ every other week
 Inject 300 mg (2 x150 mg) SubQ every 4 weeks
 ADBRY™ Bridge Care™ Program:
 Inject 300 mg (2 x150 mg) SubQ every other week starting on Day 15
 Qty: _____ Refills: _____

AMJEVITA™ (adalimumab-atto) Prefilled Syringe
 SureClick 40 mg/0.8 mL PFS 20 mg/0.4 mL
 PFS 40 mg/0.8 mL
 Induction: Inject 2 x 40 mg SubQ
 Maintenance: 40 mg every other week starting one week after initial dose
 Qty: _____ Refills: _____

CIBINQO™ (abrocitinib) Tablet
 50 mg 100 mg 200 mg _____ mg PO once daily
 Qty: _____ Refills: _____

Cimzia® (certolizumab pegol) Prefilled Syringe
 Induction: Inject 2 x 200 mg/ml SubQ at week 0, 2, and 4
 Qty: 6 syringes Refills: 0
Maintenance:
 2 x 200 mg SubQ every 4 weeks
 2 x 200 mg SubQ every 2 weeks
 200 mg SubQ every 2 weeks
 Qty: 28 days Refills: _____

COSENTYX® (secukinumab)
 75 mg PFS
 Induction: Inject 300 mg (2 x 150 mg/ml) SubQ week 0, 1, 2, 3, 4
 Qty: 10 Refills: 0
 Maintenance: Inject 300 mg SubQ every 4 weeks
 Qty: 28 days Refills: _____
 150 mg 150 mg SensorReady® Pen Kit 150 mg PFS
 Induction: Inject 150 mg SubQ week 0, 1, 2, 3, 4
 Qty: 5 Refills: _____
 Maintenance: Inject 150 mg SubQ every 4 weeks
 Qty: 28 days Refills: _____

300 mg UnoReady Pen (1 x 300 mg/2 ml)
 SensorReady® Pen Kit (2 x 150 ml) PFS (2x 150 ml)
 Induction: Inject 300 mg SubQ week 0, 1, 2, 3, 4
 Qty: 10 Refills: 0
 Maintenance: Inject 300 mg SubQ every 4 weeks
 Qty: 28 days Refills: _____
 Bridge™

DUPIXENT® (dupilumab) Prefilled Syringe Pen
 Induction: Inject 2 x 300 mg (600 mg) SubQ Day 1
 Qty: 2 for 14 days Refills: None
 Maintenance: Inject 300 mg SubQ every other week
 Qty: 2 for 28 days Refills: _____

ENBREL® (etanercept)
 Mini Cartridge PFS Autoinjector Vial
 Induction: Inject (50 mg) SubQ twice weekly for three months
 Qty: 8 Refills: 2
 Maintenance: 50 mg 25 mg
 Once weekly SubQ Twice weekly SubQ
 Qty: 8 4 Refills: _____

ERIVEDGE™ (vismodegib) capsule 150 mg Once daily PO with or without food
 Qty: 28 days Refills: _____

HUMIRA® (adalimumab)
 Pen PFS
 Citrate Free(CF) Original Formula
Hidradenitis Suppurativa Starter:
 160 mg SubQ day 1/ 80 mg SubQ day 15
 80 mg SubQ day 1/ 80 mg SubQ day 2/ 80 mg SubQ day 15
 Psoriasis Starter: 80 mg SubQ day 1, 40 mg SubQ day 8, 40 mg SubQ day 22
 Qty: 1 Pack Refills: 0
 Hidradenitis Suppurativa Maintenance:
 40 mg SubQ once weekly, beginning day 29
 80 mg SubQ every other week, beginning day 29
 Psoriasis Maintenance: 40 mg SubQ every other week
 Qty: 28 days Refills: _____

INFLECTRA® (infliximab-dyyb) 100 mg vials
 3 mg/kg 5 mg/kg 10 mg/kg
 Induction: Give dose as an IV infusion at 0, 2, and 6 weeks
 Qty: _____ Refills: 2
 Maintenance: Give dose as an IV infusion every __ weeks
 Qty: _____ Refills: 2

ILUMYA™ (tildrakizumab-asmn) Prefilled Syringe
 Induction: Inject 100 mg/ml SubQ at weeks 0 and 4
 Qty: 2 Refills: None
 Maintenance: Inject 100 mg/ml SubQ every 12 weeks
 Qty: _____ Refills: _____

LITFULO™ (ritilectinib) capsule 50 mg by mouth once daily
 Qty: 28 Refills: _____

NEMLUVIO® (nemolizumab-illo) Prefilled Syringe
 30 mg/ml
 Induction: Inject 60 mg/ml (2 x 30 mg/ml) SubQ
 Qty: 2 Refills: None
 Maintenance: Inject 30 mg/ml SubQ every 4 weeks
 Qty: _____ Refills: _____

ODOMZO® (sonidegib) capsule 200 mg on an empty stomach, at least 1 hr before or 2 hrs after a meal
 Qty: 30 Refills: _____

OLUMIANT® (baricitinib) tablets
 2 mg PO once daily 4 mg PO once daily
 Qty: _____ Refills: _____

OTEZLA® (apremilast)
 Titration Pack: PO as directed per package instructions
 Qty: 1 Pack Refills: 0
 Bridge Pack: PO as directed per package instructions
 Qty: 1 Pack Refills: _____
 Maintenance: (30 mg) PO twice daily
 Qty: 30 days Refills: _____

OPZELURA® (ruxolitinib) cream 1.5% cream 60 gram tube
 Qty: _____ tubes Refills: 0
 Qty: 28 day supply

REMICADE® (infliximab) 100 mg vials Biosimilar authorized
 Induction: 5 mg/kg as an IV infusion at 0, 2, and 6 weeks
 1 dose Refills: 2
 Maintenance: 5 mg/kg as an IV infusion every 8 weeks
 Qty: _____ Refills: _____

RINVOQ® (upadacitinib) extended-release tablets
 15 mg 30 mg
 Induction: Inject 150 mg SubQ once a month
 Qty: _____ Refills: _____

SIMPONI® (golimumab)
 Prefilled Syringe Autoinjector
 Inject 50 mg SubQ once a month
 Qty: 1 Refills: _____

SILIQ® (brodalumab) Prefilled Syringe
 Induction: Inject 210 mg SubQ weeks 0 and 1
 Qty: 2 Refills: 0
 Maintenance: Starting at Week 2 of therapy, inject 210 mg SubQ every 2 weeks
 Qty: 2 Refills: _____

SKYRIZI™ (risankizumab-rzaa)
 Prefilled Syringe Pen
 Inject 150 mg (1 injection) SubQ at Week 0, Week 4
 Qty: 2 syringes Refills: _____
 Maintenance: Inject 150 mg SubQ every 12 weeks
 Qty: _____ Refills: _____

STELARA® (ustekinumab)
 45 mg Prefilled Syringe 90 mg Prefilled Syringe
 Induction: Inject contents of 1 syringe SubQ on day 0 and day 28
 Qty: 1 syringe Refills: 1
 Maintenance: Inject contents of 1 syringe SubQ every 12 weeks
 Qty: 1 syringe Refills: _____

SOTYKTU™ (deucravacitinib) 6 mg tablet
 Once daily PO with or without food
 Qty: _____ Refills: _____

TALTZ® (ixekizumab)
 Citrate Free (CF) Autoinjector Prefilled Syringe
 Psoriasis Induction: Inject 160 mg (2 x 80 mg) SubQ at week 0; Inject 80 mg at weeks 2, 4, 6, 8, 10, 12
 Qty: 8 Refills: 0
 Psoriasis Arthritis Induction: Inject 160 mg (2 x 80 mg) SubQ at week 0
 Qty: 2 Refills: 0
 Maintenance: 80 mg SubQ every 4 weeks
 Qty: 1 Refills: _____

TREMFYA® (guselkumab)
 Prefilled Syringe Autoinjector
 Induction: Inject 100 mg SubQ weeks 0 and 4
 Qty: 1 Refills: 1
 Maintenance: Inject 100 mg SubQ every 8 weeks
 Qty: 1 Refills: _____

OTHER:

STRENGTH:

SIG/DIRECTIONS:

QUANTITY:

REFILLS:

As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution. Dispense as written

PHYSICIAN INFORMATION Injection Training: Office to Instruct SP to Arrange Teaching

Prescriber Name: _____ Phone: _____ Fax: _____
 Office Contact: _____ Email: _____
 Address: _____ Ship To: Patient MD Office
 NPI #: _____ Tax ID#: _____
 Prescriber Signature: _____ Date: _____

Your signature authorizes BioPlus Specialty Pharmacy Services, LLC, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, Route 300 Pharmacy, and Santa Barbara Specialty Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization, including appeals and peer to peer reviews, for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.
 BioPlus Specialty Pharmacy 376 Northlake Blvd., Altamonte Springs, FL 32701 BioPlus Specialty Pharmacy 100 Southcenter Ct., Suite 100, Morrisville, NC 27560 BioPlus Specialty Pharmacy 13925 Yale Ave, Suite 145, Irvine, CA 92620
 MedScripts Medical Pharmacy 1326 Miller Rd., Suite K, Greenville, SC 29607 River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240 Route 300 Pharmacy 1206 Route 300, Suite 103, Newburgh, NY 12550
 Santa Barbara Specialty Pharmacy 4690 Carpinteria Ave, Ste B, Carpinteria, CA 93013