

Patient Information				Prescriber Information	
Patient Name:		DOB:		Prescriber's Name:	
Address:				NPI#:	
City:	State:	Zip:	DEA#:		License#:
Phone:		Alternate Phone:		Address:	
Height:	Weight:	Allergies:		Phone:	Fax:
Emergency Contact:		Phone:		Contact Person:	

Is the patient pregnant, planning a pregnancy or nursing: Yes No Does the patient need interpreter services: Yes No

Documentation (Required)		
Insurance Card (ID & Group #)	Current Medications	History/Progress Notes

Labs Needed Prior to Initiation			
Tuberculosis	Hepatitis B antigen and antibody	CBC with diff	CMP

Diagnosis				
ICD-10 Codes:	L40 Psoriasis	L40.0 Psoriasis Vulgaris	L20.9 Atopic Dermatitis, unspecified	Other: _____

Medication	Dose/Strength	Directions for Use	Qty	Refills
BIMZELX® (bimekizumab) PFS Pen	320 mg/2 mL	Initial: Inject 320 mg subq every 4 weeks x 5 doses Maintenance: Inject 320 mg subq every 8 weeks		
CIMZIA® (certolizumab pegol)	200 mg/mL x 2	Initial: Inject 400 mg subq every other week OR if </= 90 kg: Inject 400 mg subq at weeks 0, 2, and 4 Maintenance: Inject 200 mg subq every other week		
COSENTYX® (secukinumab) PFS Pen COSENTYX UNOREADY PEN® (secukinumab)	150 mg/mL 300 mg/2 mL	Initial: Inject 600 mg subq x 1 Maintenance: Inject 300 mg subq every other week		
DUPIXENT® (dupilumab) PFS Pen	300 mg/2mL	Initial: Inject 600 mg subq x 1 Maintenance: Inject 300 mg subq every other week		
ENBREL® (etanercept) PFS Sureclick ENBRELMINI® (etanercept)	25 mg/mL 50 mg/mL 50 mg/mL	Initial: Inject 25 mg subq every week x 3 months OR: Inject 50 mg subq every week x 3 months OR: Inject 50 mg subq two times per week x 3 months Maintenance: Inject 50 mg subq every week		
HUMIRA® Psoriasis Starter Kit (adalimumab) HUMIRA® (adalimumab) PFS Pen Other biosimilar: _____	Starter: (80 mg/0.8 mL, 40 mg/0.4 mL x 2) 40 mg/0.4 mL 40 mg/0.8 mL	Initial: Inject 80 mg subq day x 1, 40 mg subq every other week beginning one week after initial dose Maintenance: Inject 40 mg subq every other week Other: _____		

Medication	Dose/Strength	Directions for Use	Qty	Refills
ILYUMYA® PFS (tildrakizumab)	100 mg/mL	Initial: Inject 100 mg subq at weeks 0 and 4 Maintenance: Inject 100 mg subq every 12 weeks		
OTEZLA® (apremilast)	Starter Pack 30 mg tablet	Take by mouth: Day 1: 10 mg in the AM Day 2: 10 mg in the AM and PM Day 3: 10 mg in the AM, 20 mg in the PM Day 4: 20 mg in the AM and PM Day 5: 20 mg in the AM and 30 mg in the PM Day 6: 30 mg two times per day Maintenance: Take one tablet by mouth two times per day Other: _____	1 pack (#55)	
REMICADE® (infliximab) Other biosimilar: _____	100 mg vial	Initial: Infuse 5 mg/kg = _____ mg IV at weeks 0, 2, and 6 Maintenance: 5 mg/kg = _____ mg IV every 8 weeks Other: _____		
SKYRIZI® (risankizumab) PFS Pen	150 mg/mL	Initial: Inject 150 mg subq at weeks 0 and 4 Maintenance: Inject 150 mg subq every 12 weeks		
STELARA® (ustekinumab) PFS Pen Other biosimilar: _____	45 mg/0.5 mL (\leq 100 kg) 90 mg/mL ($>$ 100 kg)	Initial: Inject 45 mg subq at weeks 0 and 4 Maintenance: Inject 45 mg subq every 12 weeks OR Initial: Inject 90 mg subq at weeks 0 and 4 Maintenance: Inject 90 mg subq every 12 weeks		
TALTZ® (izekizumab) PFS Pen	80 mg/mL	Initial: Inject 160 mg subq x 1 then Inject 80 mg subq at weeks 2, 4, 6, 8, 10, and 12 Maintenance: Inject 80 mg subq every 4 weeks		
TREMFYA® (guselkumab) PFS Pen	100 mg/mL	Initial: 100 mg subq at weeks 0 and 4 Maintenance: Inject 100 mg subq every 8 weeks		

By signing this form I authorize AleraCare and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

 Prescriber's Signature

 Date