



3712 E. Plano Parkway, Ste. 200  
Plano, TX 75074

This prescription form is to be sent & received via fax

**Pediatric Dermatology  
Enrollment Form  
I-Z**

**Physician Offices Call:  
855-460-7928**

**Fax: 888-777-5645**

<b>Prescriber:</b>		<b>NPI:</b>
<b>Supervising Physician:</b>		<b>NPI:</b>
Address:		<b>Tax ID:</b>
Phone:	Fax:	
Contact:		

**PATIENT INFORMATION**

Name:		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans M <input type="checkbox"/> Trans F <input type="checkbox"/> Other		DOB: / /	SS#: - -
Street:		City:	State:	ZIP:	
Phone:	Alt. Phone:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		Wt.:	Ht.:

**PRESCRIPTION**

Has the patient received a loading dose/starter kit?  Yes Start Date: / /  No SHIP TO:  Patient's Home  Doctor's Office  Other: \_\_\_\_\_

Drug	Directions & Quantity	Refills
<b>Icotyde™</b> 200 mg Tablet	<input type="checkbox"/> Take 200 mg PO once daily on an empty stomach with water upon waking & allow 30 minutes after taking before eating (Quantity: 30)	***WEIGHT REQUIRED*** ***Intended for ages 12 and older weighing ≥ 40 kg/88 lbs***
<b>Opzelura™</b> 1.5 % Cream 60 gm	<input type="checkbox"/> Apply a thin layer to affected area(s) twice a day (Quantity: 1 tube)	
<b>Otezla®</b>	<input type="checkbox"/> 20 mg Starter Pack <input type="checkbox"/> 30 mg Starter Pack XR Starter Pack	<input type="checkbox"/> INITIAL: Take as directed per package instructions (Quantity: 55) ***WEIGHT REQUIRED*** ***20 mg starter pack intended for ages 6 and older weighing 20 kg/44 lbs to <50 kg/110 lbs*** ***Intended for ages 6 and older weighing ≥ 50 kg/110 lbs***
	20 mg Tablet	<input type="checkbox"/> INITIAL: Take as directed per package instructions (Quantity: 41) ***Intended for ages 6 and older weighing 20 kg/44 lbs to <50 kg/110 lbs***
	30 mg Tablet	<input type="checkbox"/> MAINTENANCE: Take 20 mg PO twice daily (Quantity: 60) ***Intended for ages 6 and older weighing ≥ 50 kg/110 lbs***
	XR 75 mg Tablet	<input type="checkbox"/> MAINTENANCE: Take 30 mg PO twice daily (Quantity: 60) ***Intended for ages 6 and older weighing ≥ 50 kg/110 lbs***
		<input type="checkbox"/> MAINTENANCE: Take 75 mg PO once daily (Quantity: 30) ***Intended for ages 6 and older weighing ≥ 50 kg/110 lbs***
<b>Stelara®</b>	<input type="checkbox"/> 45 mg Vial	<input type="checkbox"/> INITIAL: Inject ___ mg (0.75 mg/kg x ___ kg) SQ at weeks 0 & 4 (Quantity: QS 2 doses) <input type="checkbox"/> MAINTENANCE: Inject ___ mg (0.75 mg/kg x ___ kg) SQ every 12 weeks (Quantity: QS 1 dose) ***WEIGHT REQUIRED*** ***Intended for weight < 60 kg/132 lbs***
	<input type="checkbox"/> 45 mg Pre-filled Syringe	<input type="checkbox"/> INITIAL: Inject 45 mg SQ at weeks 0 & 4 (Quantity: 2) <input type="checkbox"/> MAINTENANCE: Inject 45 mg SQ every 12 weeks (Quantity: 1) ***Intended for weight 60 kg/132 lbs to 100 kg/220 lbs***
	<input type="checkbox"/> 90 mg Pre-filled Syringe	<input type="checkbox"/> INITIAL: Inject 90 mg SQ at weeks 0 & 4 (Quantity: 2) <input type="checkbox"/> MAINTENANCE: Inject 90 mg SQ every 12 weeks (Quantity: 1) ***Intended for weight > 100 kg/220 lbs***
<b>Taltz®</b>	<input type="checkbox"/> 80 mg Auto Injector <input type="checkbox"/> 80 mg Pre-filled Syringe	<input type="checkbox"/> INITIAL: Inject 160 mg (2 x 80 mg) SQ at week 0 (Quantity: 2) <input type="checkbox"/> MAINTENANCE: Inject 80 mg SQ every 4 weeks (thereafter) (Quantity: 1) ***WEIGHT REQUIRED*** ***Intended for weight > 50 kg/110 lbs***
	<input type="checkbox"/> 80 mg Pre-filled Syringe	<input type="checkbox"/> INITIAL: Inject 80 mg SQ at week 0 (Quantity: 1) <input type="checkbox"/> MAINTENANCE: Inject 40 mg SQ every 4 weeks (thereafter) (Quantity: 1) ***Intended for weight 25 kg/55 lbs to 50 kg/110 lbs***
	<input type="checkbox"/> 40 mg Pre-filled Syringe	<input type="checkbox"/> INITIAL: Inject 40 mg SQ at week 0 (Quantity: 1) <input type="checkbox"/> MAINTENANCE: Inject 20 mg SQ every 4 weeks (thereafter) (Quantity: 1) ***Intended for weight < 25 kg/55 lbs***
	<input type="checkbox"/> 40 mg Pre-filled Syringe	
	<input type="checkbox"/> 20 mg Pre-filled Syringe	
<b>Tremfya®</b>	<input type="checkbox"/> 100 mg Pen <input type="checkbox"/> 100 mg Pre-filled Syringe	<input type="checkbox"/> INITIAL: Inject 100 mg SQ at week 0 & 4 (Quantity: 2) <input type="checkbox"/> MAINTENANCE: Inject 100 mg SQ every 8 weeks (Quantity: 1) ***WEIGHT REQUIRED*** ***Intended for weight > 40 kg/88 lbs***
	<input type="checkbox"/> 100 mg One-Press Injector	

**MEDICAL INFORMATION**

\*\*\*PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY\*\*\*

<b>PREVIOUS THERAPIES:</b>	<b>Tried &amp; Failed (Duration):</b>	<b>Not Tolerated:</b>	<b>Contraindication:</b>	<p><b>Affected Areas</b></p> <input type="checkbox"/> Face <input type="checkbox"/> Feet <input type="checkbox"/> Groin <input type="checkbox"/> Hands <input type="checkbox"/> Nails <input type="checkbox"/> Scalp <input type="checkbox"/> Other:
<input type="checkbox"/> Cosentyx <input type="checkbox"/> Humira <input type="checkbox"/> _____	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____ _____ _____	
<b>PHOTOTHERAPY</b>	<b>Tried &amp; Failed (Duration):</b>	<b>Not Tolerated:</b>	<b>Contraindication:</b>	
<input type="checkbox"/> UVA /UVB <input type="checkbox"/> Patient cannot afford	<input type="checkbox"/> (_____)	<input type="checkbox"/> Risk of Skin Cancer	<input type="checkbox"/> Distance from Office	BSA ____% PASI Score: ____
<input type="checkbox"/> L20.9 Atopic Dermatitis <input type="checkbox"/> L40. _____ <input type="checkbox"/> Other: _____		<input type="checkbox"/> L40.0 Psoriasis Vulgaris (Plaque Psoriasis) <input type="checkbox"/> L80 Vitiligo		
Active TB ruled out: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /		Active Hep B ruled out: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /		
Allergies:		Date of Diagnosis: / /		

**Additional Clinical Information:**

**American Academy of Dermatology Consensus Statement on Psoriasis Therapies**

- Psoriasis is covering greater than 10% of body surface area
- Psoriasis is on palms, soles, head and neck, or genitalia
- Psoriasis occurs in conjunction with pain, swelling, or stiffness in joints
- Psoriasis patient needs more aggressive therapy due to impact on ability to perform daily activities, employment or interpersonal relationships

**INJECTION TRAINING**

- Patient has received pen and injection training
- Physician's office to provide injection training
- Senderra to coordinate injection training

**PRESCRIBER SIGNATURE**

To Prescriber: By signing this form and utilizing our services, you are also authorizing Senderra to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescriber: \_\_\_\_\_ Date: / /

**CONFIDENTIALITY NOTICE**

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