## CoxHealth at Home

## Dermatology (drugs F-R)

Patient Informati	Prescriber + Shipping Information					
Patient name:	Prescriber nam	e:				
Sex: 🛛 Female 🖵 M						
Language:	Wt:□kg □lbs Ht:□cm □in					
Address:	Apt/Suite:	City:	Sta	ate: Zip:		
Apt/Suite: Cit	Contact:					
Phone:	Phone: Alternate:					
Caregiver name:	Fax:					
Local pharmacy:						
Insurance plan:	If shipping to prescriber:  First Fill Always Never					
Please fax a copy of front and back of the insurance card(s).						
Clinical Information (Please fax all pertinent clinical and lab information)						
<b>Diagnosis:</b> L40.0 (Psoriasis vulgaris/Plaque Psoriasis/Nummular Psoriasis) L40.0 (Psoriasis vulgaris/Plaque Psoriasis/Nummular Psoriasis) L40.2 (Vidradanitia Supporting)						
□ L40.9 (Psoriasis, unspecified) □ L40.5 (Psoriatic arthritis) □ L73.2 (Hidradenitis Suppurativa) □ Diagnosis Date: TB test: □ Yes □ No Neg. Test Date: HBV: □ Yes □ No If yes, currently treated: □ Yes □ No						
BSA affected (%): Affected areas: □ Palms □ Soles □ Head □ Neck □ Genitalia □						
Prior Therapy			Approximate Start Date Approximate End Date			
			Approximate etan Bate Approximate End Bate			
Comorbidities:						
Concomitant Medications:						
Allergies:  NKDA Other:						
Has the patient received their starter dose(s)/kit? Yes; Start Date No						
						Refill
§ Cimzia®, Cosentyx®, Dupixent®, and Enbrel® are listed alphabetically on respective enrollment forms.§						
☐ Humira <sup>®</sup> Citrate free (adalimumab)	Plaque Psoriasis Initial: Inject 80mg SQ on day 1, then 40mg on day 8		mg/0.8 mL and	Pens		0
	then 40mg on day 22	2 x 40	mg/0.4 mL			-
	Maintenance: Inject 40mg SQ every 2 weeks	2 x 40	) mg/0.4 mL			
	Hidradenitis Suppurativa		mg/0.8 mL and	_		0
	<ul> <li>Initial: Inject 160mg SQ on day 1, then 80mg on day</li> <li>Maintenance: Inject 40mg SQ every 2 weeks</li> </ul>		) mg/0.4 mL	Pens		
		2 X 40	mg/0.4 mL			-
Ilumya (tildrakizumab-asmn)						
	□ Inject 100mg SQ at week 0,4 and every 12 weeks	1 x 1	1 x 100mg/ml		PFS	
	thereafter	•				
	Infuse mg IV at week 0 and 2		x 250 mg/ml	ng/mL Vials		0
Orencia <sup>®</sup> (abatacept) Psoriatic Arthritis	Infuse mg IV at week 0 and 2 Infuse mg IV at week 4 and every 4 weeks thereaft	er	_ x 250 mg/mL _ x 250 mg/mL	Vials		0
	< 60  kg = 500  mg, 60  to  100  kg = 750  mg, > 100  kg = 750  kg					
	□ Inject 125 mg SQ once weekly		25 mg/mL			
	-	55 ta		<ul> <li>□ ClickJect<sup>™</sup> Autoinjector</li> <li>28-day starter pack</li> </ul>		0
□ Otezla <sup>®</sup>	Take as directed per package instructions	55 ta	Dieta			
(apremilast)	Take 30 mg by mouth twice daily	60 x 3	60 x 30 mg Tablets			
		TM		<u> </u>		
§ Siliq™, Simponi <sup>®</sup> , Simponi Aria <sup>®</sup> , Stelara <sup>®</sup> Talt and Tremfya <sup>™</sup> are listed alphabetically on respective enrollment forms.§						
Injection Training Provided by:  Physician's Office  CoxHealth at Home Specialty Pharmacy  Other:						
Per state-specific law, prescriptions will be dispensed as generic, if applicable, unless notated otherwise:						
Stamp signature not allowed, physician signature required.						
Prescriber's Signature:	Date:					
esenser s signature.						
I authorize CoxHealth at Home, and its representatives to act as an agent to initiate and execute the insurance prior authorization process for this prescription and any future fills of the same prescription for the patient listed above. Lunderstand that I can revoke this designation at any time by providing written patient to CoxHealth at Home.						
of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to CoxHealth at Home.						
Confidentiality Statement: This message	is intended only for the individual or entity to which it is addressed. It may contain information	which may be proprietary and c	onfidential. It may also contain	privileged, confider	tial information which is	4

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