Dermatology Enrollment Form (O-Z)

Phone: 602-971-6950 / 877-971-3001
Fax: 877-552-5698

An AleraCare Company AleraCare A Healthcare Solutions Company

Prescriber Information

Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.

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:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯ Y ◯ N		

Insurance Information

Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

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) | TB/PDD Test Given? ◯ Y ◯ N | Date of Neg. Test: / / | HBV Positive? ◯ Y ◯ N | If yes, 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	Approximate Start Date	Approximate End Date
Comorbidities:	Concomitant Medications:	Allergies: ◯ NKDA ◯ Other:	

Prescription Information

Medication	Quantity/Dose	Sig	Refills
◯ **ODOMZO®** ◯ Capsule	◯ 200 mg capsule (30 capsules)	◯ Take 1 capsule (200 mg) by mouth once daily on an empty stomach, at least 1 hour before or 2 hours after a meal	
◯ **ORENCIA®** ◯ Clickject® ◯ PFS	◯ 1 carton (4x125mg/ml)	◯ **Maintenance Dose:** Inject 125 mg SQ once every week	
◯ **OTEZLA®** ◯ Tablet	◯ 30 mg tablet (55 tabs for 28 Day Starter Pack)	◯ **Starter Dose:** Take as directed per package instructions	No Refills
	◯ 30 mg tablet (60 tablets)	◯ **Maintenance Dose:** Take 1 tablet by mouth twice daily	
◯ **SILIQ®** ◯ PFS *Product is limited to certified prescribers enrolled in Siliq REMS	◯ 2 cartons (4x210mg/1.5mL)	◯ **Starter Dose:** Inject 210 mg SQ at weeks 0, 1, and 2 and then every 2 weeks thereafter	No Refills
	◯ 1 carton (2x210mg/1.5mL)	◯ **Maintenance Dose:** Inject 210 mg SQ once every 2 weeks	
◯ **SIMPONI®** ◯ SmartJect® ◯ PFS	◯ 1 carton (1x50mg/0.5ml)	◯ Inject 50 mg SQ once a month	
◯ **SKYRIZI™** ◯ PFS Patient eligible for self-injection? ◯ Yes ◯ No	◯ 2 cartons (2x75mg/0.83ml)	◯ **Starter Dose:** Inject 150mg (2 syringes) SQ at weeks 0 and 4	
	◯ 1 carton (2x75mg/0.83ml)	◯ **Maintenance Dose:** Inject 150mg (2 syringes) SQ every 12 weeks	
◯ **STELARA®** ◯ PFS Patient eligible for self-injection? ◯ Yes ◯ No	◯ 1 carton (1x45mg/0.5mL) ◯ 1 carton (1x90mg/mL)	◯ **Starter Dose:** Inject 45 mg SQ on Day 1 (≤100 kg) ◯ **Starter Dose:** Inject 90 mg SQ on Day 1 (>100 kg)	No Refills
		◯ **Maintenance Dose:** Inject 45mg SQ once every 12 weeks beginning on Day 29 (≤100kg) ◯ **Maintenance Dose:** Inject 90mg SQ once every 12 weeks beginning on Day 29 (>100kg)	
◯ **TREMFYA®** ◯ PFS ◯ OnePress	◯ 2 cartons (2x100mg/mL)	◯ **Starter Dose:** Inject 100 mg SQ at weeks 0 and 4	No Refills
	◯ 1 carton (1x100mg/mL)	◯ **Maintenance Dose:** Inject 100 mg SQ every 8 weeks	
	◯	◯	
◯ Other:			

Injection Training

◯ Patient received pens and injection training | ◯ Physician's office to provide injection training | ◯ VascoRx to coordinate injection training or infusion

By signing this form and utilizing our services, you are authorizing VascoRx and its employees to serve as your prior authorization agent in dealing with medical and prescription insurance companies and copay assistance foundation.

Prescriber Signature: Substitution Permitted	Date	Prescriber Signature: Dispense as Written	Date

Important Notice: This information is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee you should not disseminate, distribute or copy the information contained in this correspondence. Please notify the sender immediately if you received this document in error and then destroy this document immediately.