MEDICAL PARK Rx
SPECIALTY SERVICES

DERMATOLOGY ENROLLMENT FORM

Fax Referral To: 252-726-0792 Phone: 844-418-9857

PATIENT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alt. Phone: _____
Email: _____
DOB: _____ Gender: ○ M ○ F Caregiver: _____
Height: _____ Weight: _____ Allergies: _____

PRESCRIBER INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
NPI: _____ DEA: _____
Tax ID: _____
Office Contact: _____ Phone: _____

DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date: _____

☐ L40.0 (Psoriasis vulgaris/Plaque Psoriasis/Nummular Psoriasis) ☐ L40.8 (Other psoriasis)
☐ 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 ☐ Yes ☐ No _____
Reason for discontinuation of Therapy: _____
_____
Approximate Start Date: _____ Approximate End Date: _____
Comorbidities: _____
Concomitant Medications: _____

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Enbrel®	☐ 50 mg/mL Sureclick™ Autoinjector ☐ 50 mg/mL Prefilled Syringe ☐ 25 mg/0.5 mL Prefilled Syringe ☐ 25 mg vial	☐ Psoriasis Induction Dose: Inject 50mg SC TWICE a week (3 to 4 days apart) for 3 months, then maintenance dosing. ☐ Psoriasis Maintenance Dose: Inject 50 mg SC ONCE a week. ☐ Psoriatic Arthritis Dose: Inject 50 mg SC ONCE a week. ☐ Other: _____		
☐ Humira®	☐ Psoriasis Starter Package	☐ Psoriasis Induction Dose: Inject SC two 40mg pens on day 1, then one 40mg pen on day 8, then one 40mg pen every other week.	1 package	0
	☐ 40 mg Pen ☐ 40 mg Prefilled Syringe	☐ Psoriasis Maintenance Dose: Inject one 40mg pen/syringe SC every other week. ☐ Psoriatic Arthritis Dose: Inject one 40mg pen/syringe SC every other week. ☐ Other: _____		
☐ Otezla®	☐ Titration Starter Pack Rx	Day 1: 10 mg PO in the morning. Day 2: 10 mg PO in the morning and 10 mg PO in the evening. Day 3: 10 mg PO in the morning and 20 mg PO in the evening. Day 4: 20 mg PO in the morning and 20 mg PO in the evening. Day 5: 20 mg PO in the morning and 30 mg PO in the evening. Day 6 and thereafter: 30 mg PO twice daily.	1 pack	0
	☐ 30 mg tablet	☐ Maintenance Dose: 30 mg tablet orally twice daily. ☐ Other: _____		
☐ Simponi®	☐ 50 mg/0.5 mL Sureclick™ Autoinjector ☐ 50 mg/mL Prefilled Syringe	☐ Psoriatic Arthritis Dose: Inject 50mg (0.5mL) SC once a month. ☐ Other: _____		
☐ Stelara®	☐ 45 mg/0.5mL Prefilled Syringe ☐ 90 mg/mL Prefilled Syringe	☐ For patients weighing ≤100 kg (220 lbs): Inject 45 mg SC initially and 4 weeks later followed by 45 mg every 12 weeks. ☐ For patients weighing >100 kg (220 lbs): Inject 90 mg SC initially and 4 weeks later followed by 90 mg every 12 weeks.		
☐ Other				

PRODUCT DELIVERY: ○ Patient's Home ○ Physician's Office ○ Pharmacy to Coordinate

INSURANCE INFORMATION: Please Include Front and Back Copies of Pharmacy and Medical Card

By signing this form, you are authorizing Medical Park Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

_____ _____ _____ _____
PRODUCT SUBMISSION PERMITTED Date DISPENSE AS WRITTEN Date