

Patient Information

Name: _____
 DOB: _____ Gender: M F SSN: _____
 Language: Eng Span Other: _____ Weight: _____ Lbs Kgs
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____
 Cell #: _____
 Allergies: _____ NKDA

Prescriber Information

Prescriber: _____
 DEA: _____ NPI: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____
 Cell #: _____ Fax #: _____
 Office Contact: _____
 Initiate Appeal Reason: _____

**** INSURANCE INFORMATION: PLEASE FAX COPY OF PRESCRIPTION CARD, FRONT AND BACK AS WELL AS ALL CLINIC NOTES ****

Clinical Information

DIAGNOSIS: L40.9 (Psoriasis, unspecified) %BSAAffected _____
 L73.2 Hidradenitis Suppurativa(HS) _____
 L40.50 (Arthropathic psoriasis, unspecified) _____
 Other (Description & ICD 10 Code) : _____
 L40.8 (Other psoriasis) %BSAAffected _____
 L40.0 (Psoriasis vulgaris) %BSAAffected _____
 Current Medication: _____

Location: Hands Feet Scalp Groin Nails Other

Prior Failed Medications

Medication	Length of Treatment	Reason for Discontinuing
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does Patient have a latex allergy? Yes No TB/PPD Test given or Intended to be given before start? Yes No

Medication	Strength	Directions	QTY	Refill
Cimzia	200 mg Prefilled Syringe (2 doses / kit) 200 mg Vials (2 doses / kit)	Inject TWO 200mg injections (400mg) subcutaneously every 2 weeks	4 week supply	
	200 mg Prefilled Syringe Starter kit (6 doses) 200 mg Vials X 3 Cartoons (6 doses)	Inject TWO 200mg injections (400mg) subcutaneously at weeks 0, 2, and 4 Inject 200mg subcutaneously every 2 weeks	4 week supply	
Cosentyx	Starter: 150 mg Pen or 150 mg PFS	Inject 300 mg subcutaneously once weekly for 5 weeks	5 weeks	0
	Maintenance: 150 mg Pen or 150 mg PFS	Inject 300 mg subcutaneously every 4 weeks there after	4 weeks	
Dupixent	Starter: 300mg PFS (2 doses / kit)	Inject TWO 300mg PFS (600mg) subcutaneously on Day 1	1 kit	0
	Maintenance: 300mg PFS (2 doses / kit)	Inject ONE 300mg PFS subcutaneously every 2 weeks starting on day 15	4 week supply	
Enbrel	Starter: 50mg SureClick (4 doses / kit) 50mg Prefilled Syringe (4 doses / kit)	Inject 50mg subcutaneously twice a week 72-96 hours apart x 3 months	4 week supply	2
	Maintenance: 50mg SureClick (4 doses / kit) 50mg Prefilled Syringe (4 doses / kit)	Inject 50mg subcutaneously once every week	4 week supply	
	Other: 25mg Prefilled Syringe (4 doses / kit) 25mg Vial (4 doses / kit)	Inject 25mg subcutaneously twice a week 72-96 hours apart Inject 25mg subcutaneously once every week Inject TWO 25mg injections (50mg) subcutaneously on same day twice a week 72-96 hours apart	4 week supply	
Humira (Ps)	Starter: Psoriasis Starter Pack	Inject 80 mg subcutaneously on Day 1, then 40 mg on Day 8, and 40 mg every other week thereafter	1 kit	0
	Maintenance: 40mg Pen (2 doses / kit) 40mg Prefilled Syringe (2 doses / kit)	Inject 40mg subcutaneously every other week Inject 40mg subcutaneously ONCE per week	4 week supply	
Humira (HS)	Starter: HS Starter Pack	Inject 160 mg subcutaneously on Day 1, then 80 mg on Day 15 Inject 80 mg subcutaneously on Day 1 and Day 2 consecutively, then 80 mg on Day 15	1 kit	0
	Maintenance: 40mg Pen (2 doses / kit) 40mg Prefilled Syringe (2 doses / kit)	Starting Day 29, Inject 40 mg subcutaneously every week	4 week supply	
Ilumya	100 mg Prefilled Syringe	Inject 100mg subcutaneously at weeks 0, 4, and every 12 weeks thereafter	4 week supply	
Odomzo	200mg	Take 1 capsule po once daily on an empty stomach	30 Caps	
Otezla	Please use Otezla form and specify BioCure as preferred specialty pharmacy. Forward all clinical notes. (www.biocurerx.com/referral-forms/)			
Stelara	Starter: 45mg Prefilled Syringe (1 dose) ≤ 100kg 90mg Prefilled Syringe (1 dose) > 100kg	Inject 45mg subcutaneously on Day 1 (≤ 100kg) Inject 90mg subcutaneously on Day 1 (> 100kg)	1	0
	Maintenance: 45mg Prefilled Syringe (1 dose) ≤ 100kg 90mg Prefilled Syringe (1 dose) > 100kg	Inject 45mg subcutaneously on Day 29 and every 12 weeks thereafter (≤ 100kg) Inject 90mg subcutaneously on Day 29 and every 12 weeks thereafter (> 100kg)	1	
Taltz	Starter: 80mg Autoinjector (3 doses / kit) 80mg Prefilled Syringe (3 doses / kit)	Inject Two 80mg injections (160mg) subcutaneously at week 0, followed by 80mg at week 2	1	0
	Continued 2 weeks: 80mg Autoinjector (2 doses / kit) 80mg Prefilled Syringe (2 doses / kit)	Inject 80mg subcutaneously weeks 4, 6, 8, and 10	1	1
	Maintenance: 80mg Autoinjector (1 dose / kit) 80mg Prefilled Syringe (1 dose / kit)	Inject 80mg subcutaneously on week 12 and every 4 weeks thereafter	1	
Tremfya	100mg PFS	Inject 100mg subcutaneously at week 0, week 4, and every 8 weeks thereafter	8 week supply	
Xolair	150 mg vial	Inject 150 mg (1 vial) subcutaneously every 4 weeks	4 weeks	
		Inject 300 mg (2 vials) subcutaneously every 4 weeks	4 weeks	

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Physician Signature: _____ **Date:** _____

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment. By signing this form and utilizing our services, you are authorizing BioCure LLC and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies and Co-pay Assistance Foundations