Dermatology Enrollment Form

Date: _____
Patient Name: _____
Date of Birth: _____

TwelveStone Health Partners

Fax Referral To:
(800) 223-4063

Direct Phone: (615) 278-3350

Toll Free: (844) 893-0012

PREVIOUS ADMINISTRATION

If YES, please provide the following information:	If NO, please indicate desired location for first dose:
Last injection date: _____ Next injection date: _____	☐ Physician's office ☐ TwelveStone Infusion Suite ☐ Home ☐ Other: _____ Desired start date: _____

DIAGNOSIS

Description	***ICD-10 Code***

OTHER REQUIRED DOCUMENTATION (Please attach documents as needed)

☐ This signed order form ☐ History and Physical ☐ TB and Hep B Documentation (if applicable)

☐ Patient Demographics and Insurance Information ☐ Clinical progress notes, lab work (including most recent renal function tests and any other tests supporting primary diagnosis)

CLINICAL INFORMATION (Please attach all clinical information, lab results and other medical history documents)

Patient Weight: _____ Kg/Lbs Height: _____ Inches/CM BSA: _____ Allergies: _____

CURRENTLY RECEIVING AND/OR PRIOR FAILED THERAPIES

☐ Biologics: ☐ Cimzia ☐ Cosentyx ☐ Enbrel ☐ Humira ☐ Orencia ☐ Remicade ☐ Rituxan ☐ Simponi ☐ Stelara
☐ Methotrexate ☐ Soriatane ☐ CYA ☐ PUVA/UVB ☐ Topicals ☐ Other:_____

Length of treatment:_____

Reason for Discontinuing or Adding Supplemental Tx: _____

Contraindicated Medications: _____

Reason: _____

MEDICATION/DOSE			QUANTITY	REFILLS
☐ Botox	100unit vial	Inject 50 units per axilla as directed		
☐ Cimzia	**Initial Dose** ☐ Cimzia starter kit (six 200mg PFS) --- **Maintenance Dose** ☐ 200mg PFS ☐ 200mg vial	☐ Initiation - Inject 400mg SQ (2 injections) at weeks 0,2,and 4, then maintenance dose --- ☐ Inject 200mg SQ every 2 weeks ☐ Inject 400mg SQ (two 200mg injections) every 4 weeks ☐ Inject 400mg SQ (two 200mg injections) every 2 weeks		
☐ Cosentyx	☐ 150mg/ml Pen --- ☐ 150mg/ml PFS	☐ Inject 300mg SQ at weeks 0, 1, 2, 3, 4 followed by 300mg every 4 weeks thereafter --- ☐ Maintenance - Inject 300mg SQ every 4 weeks		
☐ Dupixent	300mg/2ml PFS 300mg/2ml Pen (for patients 12+ years)	☐ Initiation - Inject 600mg SQ day 1, then 300mg on day 15, then 300mg every other week --- ☐ Maintenance - Inject 300mg SQ every other week		
☐ Enbrel	☐ Sureclick 50mg/ml --- ☐ 25mg/0.5ml --- ☐ 50mg/ml PFS --- ☐ 50mg/ml Enbrel mini	☐ Initiation - Inject 50mg SQ twice weekly x 3 months; then 50mg weekly thereafter (adult dosing) --- ☐ Maintenance - Inject 50mg SQ weekly --- ☐ Maintenance - Inject 0.8mg/kg (_____mg) SQ once weekly (Pediatric dosing)		
☐ Erivedge	150mg Capsules	Take 1 (one) capsule by mouth daily		

By signing below, I certify that above therapy is medically necessary. Prescriber's Signature (SIGN BELOW)
By signing this form and utilizing our services, I am also authorizing TwelveStone to serve as my prior authorization agent with medical and pharmacy insurance providers.

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☐ Biologics: ☐ Cimzia ☐ Cosentyx ☐ Enbrel ☐ Humira ☐ Orencia ☐ Remicade ☐ Rituxan ☐ Simponi ☐ Stelara

☐ Methotrexate ☐ Soriatane ☐ CYA ☐ PUVA/UVB ☐ Topicals ☐ Other:_____

Length of treatment:_____

Reason for Discontinuing or Adding Supplemental Tx: _____

Contraindicated Medications: _____

Reason: _____

MEDICATION/DOSE			QUANTITY	REFILLS
☐ Humira	40mg/0.8ml ☐ pen ☐ PFS 40mg/0.4ml ☐ pen ☐ PFS 80mg/0.8ml ☐ pen ☐ PFS ☐ 40mg/0.8ml pen Starter Pack for Psoriasis, Uveitis, or Adolescent HS ☐ 40mg/0.4ml pen Starter Pack for Psoriasis, Uveitis, or Adolescent HS ☐ 80mg/0.8ml and 40mg/0.4ml pen Starter Pack for Psoriasis, Uveitis, or Adolescent HS ☐ 40mg/0.8ml pen Starter Pack for Crohn's, UC, or HS ☐ 40mg/0.4ml pen Starter Pack for Crohn's, UC, or HS ☐ 80mg/0.8ml pen Starter Pack for Crohn's, UC, or HS	☐ Initiation (Psoriasis) – Inject 80mg SQ on Day 1, 40mg on Day 8, then 40mg every 2 weeks starting on Day 29 --- ☐ Maintenance – Inject 40mg SQ every 2 weeks --- ☐ Initiation (HS) – Inject 160mg SQ on Day 1, 80mg on Day 15, then begin maintenance dose on Day 29 --- ☐ Maintenance – Inject 40mg SQ every week ☐ Inject 80mg SQ every other week		
☐ Ilumya	100mg/ml PFS	Initiation - Inject 100mg SQ at week 0, week 4 and then every 12 weeks thereafter --- Maintenance - Inject 100mg SQ every 12 weeks		

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☐ Methotrexate ☐ Soriatane ☐ CYA ☐ PUVA/UVB ☐ Topicals ☐ Other:_____
Length of treatment:_____
Reason for Discontinuing or Adding Supplemental Tx: _____
Contraindicated Medications: _____
Reason: _____

MEDICATION/DOSE			QUANTITY	REFILLS
☐ Inflectra	☐ 100mg vial	☐ Initiation – Infuse _____mg IV at weeks 0, 2, and 6 followed by every 8 weeks thereafter (5mg/kg) --- ☐ Infuse ____ mg IV every 8 weeks (5mg/kg)		
☐ Odomzo	200mg capsule	Take 1 (one) capsule by mouth daily on an empty stomach		
☐ Otezla	☐ Starter Pack --- ☐ 30mg Tablets	☐ Initiation - Titrate dose up to 30mg PO BID starting with 10mg qAM --- ☐ Maintenance - Take 1 (one) tablet my mouth twice daily		
☐ Otrexup		Inject _____ mg SQ weekly (10-25mg usual dose)		
☐ Rasuvo		Inject _____ mg SQ weekly (7.5-30mg usual dose)		
☐ Remicade	☐ 100mg vial	☐ Initiation – Infuse _____mg IV at weeks 0, 2, and 6 followed by every 8 weeks thereafter (5mg/kg) --- ☐ Maintenance - Infuse ____ mg IV every 8 weeks (5mg/kg)		
☐ Renflexis	☐ 100mg vial	☐ Initiation – Infuse _____mg IV at weeks 0, 2, and 6 followed by every 8 weeks thereafter (5mg/kg) --- ☐ Maintenance - Infuse ____ mg IV every 8 weeks (5mg/kg)		

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☐ Methotrexate ☐ Soriatane ☐ CYA ☐ PUVA/UVB ☐ Topicals ☐ Other:_____

Length of treatment:_____
Reason for Discontinuing or Adding Supplemental Tx: _____
Contraindicated Medications: _____
Reason: _____

MEDICATION/DOSE			QUANTITY	REFILLS
☐ Siliq	210mg PFS	☐ Initiation – Inject 210mg SQ at weeks 0, 1, and 2 followed by 210mg every 2 weeks thereafter --- ☐ Maintenance - Inject 210mg SQ every 2 weeks		
☐ Skyrizi	75mg/0.83ml PFS	☐ Initiation – Inject contents of 2 syringes (150mg) SQ at week 0, week 4 and every 12 weeks thereafter --- ☐ Maintenance – inject contents of 2 syringes (150mg) SQ every 12 weeks		
☐ Stelara	☐ 45mg PFS --- ☐ 90 mg PFS	☐ Initiation (less than or equal to 100kg) – Inject 45mg SQ at weeks 0 and 4, then 45mg every 12 weeks thereafter --- ☐ Maintenance (less than or equal to 100kg) – Inject 45mg SQ every 12 weeks --- ☐ Initiation (>100kg) – Inject 90mg SQ at weeks 0 and 4, then 90mg every 12 weeks thereafter ☐ Maintenance (>100kg) – Inject 90mg SQ every 12 weeks		
☐ Taltz	☐ 80mg/ml AutoInjector --- ☐ 80mg/ml PFS	☐ Initiation – Inject 160mg (two 80mg injections) SQ at weeks 0, 2, 4, 6, 8, 10, and 12 followed by 80mg every 4 weeks --- ☐ Maintenance - Inject 80mg SQ every 4 weeks		
☐ Tremfya	100mg/ml PFS 100mg/ml One-Press autoinjector	☐ Initiation – Inject 100mg SQ at week 0 and week 4 followed by 100mg every 8 weeks thereafter --- ☐ Maintenance - Inject 100mg SQ every 8 weeks		
☐ Xolair	☐ 150 mg vial ☐ 150 mg PFS	☐ Inject 150mg SQ every 4 weeks --- ☐ Inject 300mg SQ every 4 weeks		

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