Parkway
SPECIALTY PHARMACY

Atopic Dermatitis Enrollment Form

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PATIENT INFORMATION

Name:	Date of Birth:	O Male O Female
Address:	City: State:	Zip:
Phone:	Alt Phone:	Email:
SS #:	Primary Language:	Emergency Contact:

PRESCRIBER INFORMATION

Prescribing Practitioner:				NPI#:
Supervising Physician:				NPI#:
Address:	City:	State:	Zip:	Tax ID:
Phone:	Fax:			Office Contact:

PRESCRIPTION INFORMATION

Needs by Date: **Ship to: O Patients home O Prescriber 1st order only O Prescriber all orders O Other**

Drug	Dose	Direction & Quantities	Refills
O Adbry™	O 150 mg pre-filled syringe	O INITIAL: 600 mg (four 150 mg injections) SQ (Quantity 4) O MAINTENANCE: 300 mg (two 150 mg injections) SQ every other week. (Quantity 4) 300 mg every 4 weeks may be considered for patients below 100 kg who achieve clear or almost clear skin after 16 weeks of treatment.	
O Dupixent®	O 300 mg Pre-filled Syringe O 300 mg Pen	**ADULT:** O INITIAL: Inject 600 mg SQ on day 1 (Quantity: 2) O MAINTENANCE: Inject 300 mg every **other** week starting at day 15 (Quantity: 2)	
	O 300 mg Pre-filled Syringe O 300 mg Pen*	**PEDIATRIC (ages 6 to 17): ***WEIGHT REQUIRED*** _____.** O INITIAL: Inject 600 mg SQ at day 1 (Quantity: 2). ***Intended for weight 15kg/33lbs to <30kg/66lbs*** O MAINTENANCE: Inject 300 mg **every 4 weeks** thereafter (Quantity: 1) O INITIAL: Inject 600 mg SQ at day 1 (Quantity: 2). ***Intended for weight ≥60kg/132lbs*** O MAINTENANCE: Inject 300 mg every **other** week starting at day 15 (Quantity: 2)	
	O 200 mg Pre-filled Syringe O 200 mg Pen*	O INITIAL: Inject 400 mg SQ at day 1 (Quantity: 2) ***Intended for weight 30kg/66lbs to <60kg/123lbs*** O MAINTENANCE: Inject 200 mg every **other** week starting at day 15 (Quantity: 2)	
O Eucrisa®	O 2% Ointment 60 gm* O 2% Ointment 100 gm*	O Apply a thin layer to affected area(s) twice a day (Quantity: 1 tube)	
O Opzelura™	O 1.5% Cream 60 gm*	O Apply a thin layer to affected area(s) twice a day (Quantity: 1 tube)	
O Rinvoq	O 15 mg tablet O 30 mg tablet	O Take 15 mg once daily (Quantity 30) O Take 30 mg once daily (Quantity 30)	
O Cibinqo™	O 100 mg Tablet O 200 mg Tablet	O Take 100 mg PO once daily (Quantity: 30) O Take 200 mg PO once daily (Quantity: 30) ***Intended for patients who have not achieved adequate response with 100 mg daily dose***	

MEDICAL INFORMATION

** PLEASE FAX COPY OF PRESCRIPTION MEDICATION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY **

PREVIOUS THERAPIES:	Tried & Failed (Duration)	Not Tolerated:	Contraindication:
O Methotrexate	O (_____)	O	_____
O Cyclosporine	O (_____)	O	_____
O Tacrolimus	O (_____)	O	_____
O Ultravate	O (_____)	O	_____
O Topicort	O (_____)	O	_____
PHOTOTHERAPY	Tried & Failed (Duration)	Not Tolerated:	Contraindication:
O UVA /UVB	O (_____)	O	_____

O Patient cannot afford O Photosensitivity O Risk of Skin Cancer O Distance from Office

O L20.9 Atopic Dermatitis (Moderate to Severe) O Other: _____

Date of Diagnosis: ____/____/_____

Affected Areas

O Face O Feet O Groin O Hands

O Nails O Scalp O Other

Scoring tool used

O BSA O EASI O ISGA O POEM

O SCORAD _____% or Score: _____

Active TB is ruled out: O Yes O No Date: ____/____/_____ Hep B ruled out/treated: O Yes O No Date: ____/____/_____

Allergies:

Additional Clinical Information:

AMERICAN ACADEMY OF DERMATOLOGY CONSENSUS STATEMENT ON PSORIASIS THERAPIES

O Psoriasis is covering greater than 10% of body surface area O Psoriasis is on palms, soles, head and neck, or genitalia

O Psoriasis occurs in conjunction with pain, swelling, or stiffness in joints

O Psoriasis patient needs more aggressive therapy due to impact on ability to perform daily activities, employment or interpersonal relationships.

INJECTION TRAINING

O Patient has received pen and injection training O Physician's office to provide injection training O Parkway Pharmacy to coordinate injection training

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Parkway Pharmacy to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescribing Practitioner: Date

CONFIDENTIALITY NOTICE