

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

Location: Hands Feet Scalp Groin Nails Other

Prior Failed Medications	
_____ Length of Treatment _____	Reason for Discontinuing _____
_____ Length of Treatment _____	Reason for Discontinuing _____
_____ 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	
Otezla	Please use Otezla form and specify BioCure as preferred specialty pharmacy. Forward all clinical notes. (www.biocurx.com/referral-forms/)			
Skyrizi	75 mg PFS	Inject 150mg (75mg x 2) subcutaneously at week 0, week 4 and every 12 weeks thereafter	12 week supply	
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	

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

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