Dermatology
enrollment form

Phone: 855-425-4085 **Fax:** 855-425-4096 **ardonhealth.com**

ardon

Date needed	Medication start date	Ship to: ☐ Patient ☐ Physician ☐ Other:

Patient information

Patient name		Date of birth		Phone	Alternate phone	
Address		City		State	ZIP	
Gender: ☐ Male ☐ Female	Email		Primary language		Height	Weight

Prescriber information

Prescriber name	State License #		NPI #	DEA #	
Group or hospital	Address		City	State	ZIP
Phone	Fax	Contact person name and phone			

Insurance information: If available, please fax a copy of the prescription and insurance card(s) with this form (front and back).

Clinical

Date of diagnosis	Diagnosis:
	☐ L40.0 Psoriasis Vulgaris ☐ L40.59 Psoriatic Arthritis ☐ L50.1 Idiopathic Urticaria ☐ New diagnosis ☐ L20.9 Atopic Dermatitis ☐ L73.2 Hidradenitis Suppurativa ☐ L28.1 Prurigo Nodularis ☐ Other _____

Prior therapies	Medication	Reason for discontinuation
☐ Biologics		
☐ Methotrexate		
☐ Oral Meds		
☐ PUVA		
☐ UVB		
☐ Topical		
☐ Other _____		

Current medications:

Is the patient also taking methotrexate? ☐ Yes ☐ No

Allergies:

Does the patient have a latex allergy? ☐ Yes ☐ No

Is the patient new to therapy? ☐ Yes ☐ No

BSA affected by _____%

Has patient had positive TB test? ☐ Yes ☐ No
If yes, date of last chest x-ray _____

Prescription information

Medication	Dose/strength	Directions	Quantity	Refill
☐ Bimzelx®	☐ 160 mg/mL Pen ☐ 160 mg/mL Prefilled Syringe	☐ Initiation Dose: Inject 320 mg SUBQ every 4 weeks at Weeks 0, 4, 8, 12 and 16	☐ 2 Pens/PFS	4
		☐ Maintenance Dose: Inject 320 mg SUBQ every 8 weeks	☐ 2 Pens/PFS	
		☐ Maintenance Dose (≥ 120 kg): Inject 320 mg SUBQ every 4 weeks	☐ 2 Pens/PFS	
☐ Cibinqo®	☐ 50 mg Tablet ☐ 100 mg Tablet ☐ 200 mg Tablet	☐ Take 1 tablet by mouth once daily	☐ 30 Tablets	
☐ Cimzia®	**Starter Dose** ☐ Starter Kit (200 mg/mL Prefilled Syringes)	☐ Inject 400 mg SUBQ at weeks 0, 2, and 4	☐ 1 Kit = 6 x 200 mg/mL PFS	0
	Maintenance Dose ☐ 200 mg/mL Prefilled Syringe	☐ Inject 400 mg SUBQ every 14 days ☐ Inject 400 mg SUBQ every 28 days ☐ Inject 200 mg SUBQ every 14 days	_____ PFS	

Physician signature required

Product substitution permitted	Dispense as written
X _____ Date _____	X _____ Date _____

Ancillary supplies and kits will be provided as needed for administration.

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☐ Cosentyx®	☐ 300 mg/2 mL Pen	☐ Psoriasis Initiation Dose: Inject 300 mg SUBQ day 1, day 8, day 15, day 22, and then every 28 days starting on day 29	☐ 4 Pens	0
		☐ Maintenance Dose: Inject 300 mg SUBQ on day 29, then every 28 days thereafter	☐ 1 Pen	
	☐ 150 mg/mL Pen ☐ 150 mg/mL Prefilled Syringe	☐ Psoriasis Initiation Dose: Inject 300 mg SUBQ day 1, day 8, day 15, day 22, and then every 28 days starting on day 29	☐ 8 Pens/PFS	0
		☐ Psoriasis Maintenance Dose: Inject 300 mg SUBQ on day 29 and then every 28 days thereafter	☐ 2 Pens/PFS	
		☐ Psoriasis Initiation Dose (pediatric ≥ 50 kg): Inject 150 mg SUBQ day 1, day 8, day 15, day 22, and then every 28 days starting on day 29	☐ 4 Pens/PFS	0
		☐ Psoriasis Maintenance Dose (pediatric ≥ 50 kg): Inject 150 mg SUBQ on day 29, and then every 28 days thereafter	☐ 2 Pens/PFS	
	☐ 75 mg/0.5 mL Prefilled Syringe (pediatric)	☐ Psoriasis Initiation Dose (pediatric < 50 kg): Inject 75 mg SUBQ day 1, day 8, day 15, day 22, and then every 28 days starting on day 29	☐ 4 PFS	0
		☐ Psoriasis Maintenance Dose (pediatric < 50 kg): Inject 75 mg SUBQ on day 29, and then every 28 days thereafter	☐ 1 PFS	
☐ Dupixent®	☐ 300 mg/2 mL Pen ☐ 300 mg/2 mL Prefilled Syringe ☐ 200 mg/1.14 mL Pen ☐ 200 mg/1.14 mL Prefilled Syringe	☐ Atopic Dermatitis (adults and pediatric ≥ 60 kg) and Prurigo Nodularis Initiation Dose: Inject 600 mg SUBQ on day 1, followed by 300 mg once every 14 days starting on day 15	☐ 4 Pens/PFS	0
		☐ Atopic Dermatitis (adults and pediatric ≥ 60 kg) and Prurigo Nodularis Maintenance Dose: Inject 300 mg SUBQ every 14 days	☐ 2 Pens/PFS	
		☐ Atopic Dermatitis Initiation Dose (pediatric 6-17 years, 30 to <60 kg): Inject 400 mg SUBQ on day 1, followed by 200 mg every 14 days starting on day 15	☐ 4 Pens/PFS	0
		☐ Atopic Dermatitis Maintenance Dose (pediatric 6-17 years, 30 to <60 kg): Inject 200 mg SUBQ every 14 days	☐ 2 Pens/PFS	
		☐ Atopic Dermatitis Initiation Dose (pediatric 6-17 years, 15 to <30 kg): Inject 600 mg SUBQ on day 1, followed by 300 mg every 28 days starting on day 29	☐ 2 Pens/PFS	0
		☐ Atopic Dermatitis Maintenance Dose (pediatric 6-17 years, 15 to <30 kg): Inject 300 mg SUBQ every 28 days	☐ 2 Pens/PFS	
		☐ Atopic Dermatitis Maintenance Dose (pediatric 6 months-5 years, 15 to <30 kg): Inject 300 mg SUBQ every 28 days	☐ 2 Pens/PFS	
		☐ Atopic Dermatitis Maintenance Dose (pediatric 6 months-5 years, 5 to <15 kg): Inject 200 mg SUBQ every 28 days	☐ 2 Pens/PFS	
☐ Ebglyss®	☐ 250 mg/2 mL Pen ☐ 250 mg/2 mL Prefilled Syringe	☐ Initiation Dose: Inject 500 mg SUBQ at week 0 and 2, followed by 250 mg every 2 weeks until week 16 or later	☐ 10 Pens/PFS	0
		☐ Maintenance Dose: Inject 250 mg SUBQ at week 16, then every 4 weeks thereafter	☐ 1 Pen/PFS	
☐ Enbrel®	☐ 50 mg/mL Pen ☐ 50 mg/mL Prefilled Syringe ☐ 50 mg/mL Mini Cartridge ☐ 25 mg/0.5 mL Prefilled Syringe ☐ 25 mg/0.5 mL Single-dose Vial	☐ Psoriasis Initiation Dose: Inject 50 mg SUBQ 2 times weekly (3-4 days apart) for 3 months, then 50 mg every 7 days thereafter		
		☐ Psoriasis Maintenance Dose: Inject 50 mg SUBQ every 7 days		
		☐ Other:_____		
☐ Humira®	**Starter Dose** ☐ 40 mg/0.8 mL Pen Psoriasis/ Adolescent Hidradenitis Starter (4 pens) ☐ 40 mg/0.8 mL Pen Hidradenitis Starter (6 pens)	☐ Psoriasis and Adolescent Hidradenitis (30 to < 60 kg) Initiation Dose: Inject 80 mg SUBQ day 1, 40 mg day 8, then 40 mg every 14 days thereafter ☐ Hidradenitis (adults and adolescents ≥ 60 kg) Initiation Dose: Inject 160 mg SUBQ day 1, 80 mg day 15, then begin maintenance dose on day 29 ☐ Other: _____	☐ 1 Kit	0
	Maintenance Dose ☐ 40 mg/0.8 mL Pen ☐ 40 mg/0.8 mL Prefilled Syringe ☐ 20 mg/0.4 mL Prefilled Syringe ☐ 10 mg/0.2 mL Prefilled Syringe	☐ Inject 40 mg SUBQ every 14 days ☐ Inject 40 mg SUBQ every 7 days ☐ Other: _____	☐ 2 Pens/PFS ☐ 4 Pens/PFS	

Physician signature required

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☐ Humira® (Citrate-free)	**Starter Dose** ☐ 80 mg/0.8 mL and 40 mg/0.4 mL Pen Psoriasis/Adolescent Hidradenitis Starter (3 pens) ☐ 40 mg/0.4 mL Pen Psoriasis/ Adolescent Hidradenitis Starter (4 pens) ☐ 80 mg/0.8 mL Pen Hidradenitis Starter (3 pens)	☐ Psoriasis and Adolescent Hidradenitis (30 to < 60 kg) Initiation Dose: Inject 80 mg SUBQ day 1, 40 mg day 8, then 40 mg every 14 days thereafter ☐ Hidradenitis (adults and adolescents ≥ 60 kg) Initiation Dose: Inject 160 mg SUBQ day 1, 80 mg day 15, then begin maintenance dose on day 29 ☐ Other: _____	☐ 1 Kit	0
	Maintenance Dose ☐ 80 mg/0.8 mL CF Pen ☐ 40 mg/0.4 mL CF Pen ☐ 40 mg/0.4 mL CF Prefilled Syringe ☐ 20 mg/0.2 mL CF Prefilled Syringe ☐ 10 mg/0.1 mL CF Prefilled Syringe	☐ Inject 40 mg SUBQ every 14 days ☐ Inject 80 mg SUBQ every 14 days ☐ Inject 40 mg SUBQ every 7 days ☐ Other: _____	☐ 2 Pens/PFS ☐ 4 Pens/PFS	
☐ Ilumya®	☐ 100 mg/mL Prefilled Syringe	☐ Initiation Dose: Inject 100 mg SUBQ at weeks 0 and 4, then every 12 weeks thereafter	☐ 1 PFS	0
		☐ Maintenance Dose: Inject 100 mg SUBQ at week 4, followed by every 12 weeks thereafter	☐ 1 PFS	
☐ Olumiant®	☐ 1 mg Tablet ☐ 2 mg Tablet ☐ 4 mg Tablet	☐ Take 1 tablet by mouth once daily	☐ 30 Tablets	
☐ Otezla®	☐ 30 mg Starter Pack ☐ 20 mg Starter Pack	☐ Initiation Dose: Take as directed per package instructions	☐ 1 Starter Kit (55 Tablets)	0
	☐ 30 mg Tablet ☐ 20 mg Tablet	☐ Maintenance Dose: Take 1 tablet by mouth 2 times daily	☐ 60 Tablets	
		☐ Other: _____	_____ Tablets	
☐ Remicade®	☐ 100 mg vial	☐ Induction: Infuse _____ mg IV at weeks 0, 2, and 6	_____ Vial(s)	0
		☐ Maintenance: Infuse _____ mg IV every 8 weeks	_____ Vial(s)	
☐ Rinvoq®	☐ 15 mg XR Tablet ☐ 30 mg XR Tablet	☐ Take 1 tablet by mouth once daily	☐ 30 Tablets	
☐ Skyrizi®	☐ 150 mg/mL Pen ☐ 150 mg/mL Prefilled Syringe	☐ Initiation Dose: Inject 150 mg SUBQ at week 0 and 4, followed by every 12 weeks thereafter	☐ 1 Pen/PFS	0
		☐ Maintenance Dose: Inject 150 mg SUBQ at week 4, then every 12 weeks thereafter	☐ 1 Pen/PFS	
☐ Sotyktu®	☐ 6 mg Tablet	☐ Take 1 tablet by mouth once daily	☐ 30 Tablets	
☐ Stelara®	☐ 90 mg/mL Prefilled Syringe ☐ 45 mg/0.5 mL Prefilled Syringe ☐ 45 mg/0.5 mL Single-dose Vial	☐ Initiation Dose: Inject 1 prefilled syringe SUBQ at weeks 0 and 4, and then every 12 weeks thereafter	☐ 1 PFS	0
		☐ Maintenance Dose: Inject 1 prefilled syringe SUBQ at week 4, then every 12 weeks thereafter	☐ 1 PFS	
		☐ Other: _____		
☐ Taltz®	☐ 80 mg/mL Pen ☐ 80 mg/mL Prefilled Syringe	☐ Psoriasis Initiation Dose (adults): Inject 160 mg SUBQ week 0, followed by 80 mg week 2, 4, 6, 8, 10, 12 and then every 28 days thereafter	☐ 8 Pens/PFS	0
		☐ Psoriasis Initiation Dose (pediatric > 50 kg): Inject 160 mg SUBQ week 0, followed by 80 mg every 28 days thereafter	☐ 2 Pen/PFS	0
		☐ Psoriasis Initiation Dose (pediatric 25 to 50 kg): Inject 80 mg SUBQ week 0, followed by 40 mg every 28 days thereafter	☐ 1 Pen/PFS	0
		☐ Maintenance Dose (adults and pediatric > 50 kg): Inject 80 mg SUBQ every 28 days	☐ 1 Pen/PFS	
		☐ Other: _____		
	☐ 20 mg/mL Prefilled Syringe ☐ 40 mg/mL Prefilled Syringe	☐ Psoriasis Initiation Dose (pediatric < 25 kg): Inject 40 mg SUBQ week 0, followed by 20 mg every 28 days thereafter	☐ 1 PFS	0
		☐ Maintenance Dose (pediatric 25 to 50 kg): Inject 40 mg SUBQ every 28 days	☐ 1 PFS	
		☐ Maintenance Dose (pediatric < 25 kg): Inject 20 mg SUBQ every 28 days	☐ 1 PFS	
		☐ Other: _____		
☐ Tremfya®	☐ 100 mg/mL Pen ☐ 100 mg/mL Prefilled Syringe	☐ Initiation Dose: Inject 100 mg SUBQ week 0 and 4, and then every 8 weeks thereafter	☐ 1 Pen/PFS	0
		☐ Maintenance Dose: Inject 100 mg SUBQ at week 4, then every 8 weeks thereafter	☐ 1 Pen/PFS	
☐ Xolair®	☐ 150 mg/mL Prefilled Syringe ☐ 150 mg/mL Vial	☐ Inject 150 mg SUBQ once every 28 days	☐ 1 PFS/Vial	
		☐ Inject 300 mg SUBQ once every 28 days	☐ 2 PFS/Vial	

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