# Medical Assessment (Use this area or attach patient labs and other authorization information)

**Diagnosis:**
- L20.9 Atopic Dermatitis
- L40.8 Moderate to Severe Plaque Psoriasis
- L40.50 Psoriatic Arthritis
- L73.2 Hidradenitis Suppurativa - Hurley Stage

**Prior Failed Meds:**
- Simponi®
- Enbrel
- Humira®
- Remicade®
- Rituxan
- Simponi
- Stelara
- MTX
- Soriatane
- CYA
- MTX
- Cimzia
- Orencia
- Stelara
- Cosentyx
- Moselodx

**Drug Allergies:**
- Stelara
- Simponi

**Location:** % BSA:
- scalp
- groin
- hands
- feet
- nails
- scalp

**Drug Allergies:**
- Stelara
- Simponi

**Medical Assessment**

**Statin Use:**
- Yes

**Bridge Rx:**
- Yes

**Infuse:**
- 100mg Vial

**Dosage:**
- 100mg Vial

**Refills:**
- 10

**All controlled substance quantities must be handwritten in number and letter form**

**Prescription Information**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
<th>Refills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosentyx 300mg (2x150) Pen</td>
<td>10</td>
<td>none</td>
</tr>
<tr>
<td>Dupixent 300 mg/2 mL PFS w/ shield</td>
<td>4 syringes</td>
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</tr>
<tr>
<td>Enbrel 50mg Sureclick</td>
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<tr>
<td>Ertugliflozin 150mg capsule</td>
<td>4 week supply</td>
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<tr>
<td>Humira 40mg Pen</td>
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<td>HS Starter Package</td>
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<tr>
<td>Odomzo 200mg capsule</td>
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<td>Otezla 30mg Tablets</td>
<td>1 Starter Pack</td>
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<td>Remicade 100mg Vial</td>
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<td>Simponi 50mg Smartject</td>
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<tr>
<td>Stelarad 45mg Prefilled Syringe</td>
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<tr>
<td>Taltz 80mg/mL Autoinjector</td>
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<td>none</td>
</tr>
</tbody>
</table>

**Prescriber’s Signature**

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