

Patient Name SS# DOB Male Female
Street Address Apt# City State Zip
Daytime Tel Cell Email Height Weight BSA
Ship to Patient at Home Work OR Patient will pick up at Physician Office Local Pharmacy Phone
Allergies Comorbidities
Current Medications (if necessary, please fax a complete list)

Table with 4 columns: PRACTICE NAME, ADDRESS, PHONE, PRIMARY CONTACT

Table with 4 columns: PRESCRIBER INFORMATION (PLEASE INCLUDE PHYSICIAN NAME AND NPI#)

Insured's Name Relation to Patient
Eligible for Medicare Yes No If yes, Medicare# Prescription Card Yes No If Yes, Carrier
Tel Fax Policy/Group#
Bin# Pcn# RXID# RX Group#

Diagnosis: L40.50 Arthropathic psoriasis, unspecified L40.0 Psoriasis vulgaris %BSA Affected
L40.51 Distal interphalangeal psoriatic arthropathy L40.8 Other psoriasis %BSA Affected
L40.52 Psoriatic arthritis mutilans L40.9 Psoriasis, unspecified %BSA Affected
L40.53 Psoriatic spondylitis L40.59 Other psoriatic arthropathy
Affected Area(s) (Psoriasis only): Hands Arms Nails Trunk Feet
Legs Scalp Groin Other

PREVIOUS/CURRENT TREATMENTS

Table with 4 columns: Medication, Duration/Reason for D/C, Medication, Duration/Reason for D/C

PRESCRIPTION PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

OTEZLA® Starter Pack (Titration) Rx:
4-WEEK STARTER PACK (28 days) QTY: 55 tablets Refills: 0 OR
Prescriber provided patient with 2-WEEK STARTER PACK SAMPLE (14 days)
QTY: 27 tablets Refills: 0 Date provided: / /
Additional information:
*Titration Starter Pack Rx is only for patients who did not receive a titration sample during their office visit.
BioMatrix Specialty Pharmacy will notify the patient via telephone prior to each shipment.
Maintenance Rx: 30 mg of Otezla
30 days 90 days
TWICE DAILY (Recommended daily dose) OR ONCE DAILY (For patients with severe renal impairment)
Refills: 11 OR Other: Special instructions:
Bridge Rx: 30 mg of Otezla†
TWICE DAILY (Recommended daily dose)(14 days) QTY: 28 tablets Refills: 12 OR
ONCE DAILY (For patients with severe renal impairment) (28 days) QTY: 28 tablets Refills: 6
†Bridge Rx is at no cost, for eligible commercially insured, on-label diagnosed patients only, and not contingent on purchase requirements of any kind.
Bridge Rx is not available to enrollees in Medicare, Medicaid, and other federal and state programs, as well as Massachusetts residents. Intended to support continuation of prescribed therapy if there is a delay in determining whether commercial prescription coverage is available.
Additional Notes:

By signing this form and utilizing our services, you are authorizing BioMatrix Specialty Pharmacy, its subsidiaries and their employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies where allowed by law or contract.
Prescriber's Signature (Signature required. NO STAMPS) AND Hand write: brand medically necessary, if needed Date
Prescriber's Email