Humana Pharmacy®

Fax: 877-405-7940
Phone: 800-486-2668

Humana Specialty Pharmacy®

Monday – Friday: 8 a.m. – 11 p.m., Eastern time
Saturday: 8 a.m. – 6:30 p.m., Eastern time

Remove above portion before faxing. Please complete the prescription form in its entirety and fax with secure cover sheet to the number above.

Dermatology A–O Prescription Form

Patient information

Patient: _____ ❒ Female ❒ Male DOB: _____ Insurance plan: _____ Plan ID #: _____
Address: _____ City: _____ State: _____ ZIP code: _____
Home phone #: _____ Cell phone #: _____ Caregiver: _____ Caregiver phone #: _____

Clinical information

Height: _____ Weight: _____ ❒ lb ❒ kg Date: _____ ICD-10 code: _____ Diagnosis: _____ Diagnosis date: _____
BSA: _____m^2 TB test: ❒ No ❒ Yes Negative test date: _____ HBV: ❒ No ❒ Yes If yes, currently treated? ❒ No ❒ Yes
% BSA affected: _____ Affected areas: ❒ Hands ❒ Feet ❒ Head ❒ Neck ❒ Other: _____
Concurrent medications: _____ Other medical conditions: _____ Allergies: ❒ No ❒ Yes: _____
Previous therapy: ❒ _____ Discontinuation reason: _____ Dates: _____

Prescription information

Note: Ohio law allows one prescription per preprinted order form. Please use additional forms for more than one prescription.

Medication	Directions	Quantity	Refills
❒ Cimzia (certolizumab) ❒ PFS ❒ Vials	❒ Inject 400 mg SQ at weeks 0, 2 and 4	❒ 1 starter kit	0
	❒ Inject 200 mg SQ every 2 weeks ❒ Inject 400 mg SQ every 4 weeks ❒ Other: _____	❒ 1 month ❒ _____	___
❒ Cosentyx (secukinumab) ❒ Pen ❒ PFS	❒ Inject 150 mg SQ once weekly at weeks 0, 1, 2 and 3 ❒ Inject 300 mg SQ once weekly at weeks 0, 1, 2 and 3	❒ 1 month ❒ _____	0
	❒ Inject 150 mg SQ on week 4 and every 4 weeks thereafter ❒ Inject 300 mg SQ on week 4 and every 4 weeks thereafter ❒ Other: _____	❒ 1 month ❒ _____	___
❒ Dupixent (dupilumab) ❒ Pen ❒ PFS	❒ Inject 600 mg SQ on day 1, followed by 300 mg SQ on day 15 and every 2 weeks thereafter ❒ Other: _____	❒ 1 month ❒ _____	0
❒ Enbrel (etanercept) ❒ Pen ❒ PFS ❒ Mini cartridge ❒ Vials	❒ Inject 50 mg SQ twice a week (72–96 hours apart) for 3 months ❒ Other: _____	❒ 3 months	0
	❒ Inject 50 mg SQ every week ❒ Inject _____ mg (0.8 mg/kg x _____ kg) SQ every week (pediatric ≤ 63 kg) ❒ Other: _____	❒ 1 month ❒ _____	___
❒ Humira (adalimumab)	Initial dose ❒ Psoriasis 80 mg/40 mg citrate-free pens starter pack (3 pens) ❒ Psoriasis 40 mg/0.8 mL pen starter pack (4 pens) ❒ Hidradenitis suppurativa (HS) 80 mg/0.8 mL citrate-free pen starter kit (3 pens) ❒ HS 40 mg/0.8 mL starter pack (6 pens) ❒ Psoriasis: Inject 80 mg SQ on day 1, then 40 mg on day 8, then 40 mg every 2 weeks thereafter ❒ Hidradenitis suppurativa: Inject 160 mg SQ on day 1, then 80 mg on day 15	❒ 4 pen starter kit ❒ 6 pen starter kit	0
	Maintenance dose ❒ 40 mg/0.8 mL pen ❒ 40 mg/0.8 mL PFS ❒ 40 mg/0.4 mL pen ❒ 40 mg/0.4 mL PFS ❒ 80 mg/0.8 mL pen ❒ Psoriasis: Inject 40 mg SQ every 2 weeks ❒ HS: Inject 40 mg SQ on day 29 and every week thereafter ❒ HS: Inject 80 mg SQ every other week thereafter ❒ Other: _____	❒ 1 month ❒ _____	___
❒ Ilumya (tildrakizumab)	❒ Inject 100 mg at week 0	❒ 1 month	0
	❒ Inject 100 mg at week 4 and every 12 weeks thereafter ❒ Other: _____	❒ 3 month ❒ _____	___
❒ Orencia (abatacept) ❒ Vials ❒ PFS ❒ Pen	❒ Infuse _____ mg at week 0 and 2 ❒ Infuse _____ mg at week 4 and every 4 weeks thereafter	❒ 1 month ❒ _____	___
	❒ Inject 125 mg SQ once weekly ❒ Other: _____	❒ 1 month ❒ _____	___
❒ Otezla (apremilast) ❒ Tablets	❒ Take as directed per package instructions	❒ 1 starter kit	0
	❒ Take 30 mg by mouth twice daily ❒ Other: _____	❒ 1 month ❒ _____	___
❒ Other: _____	_____	_____	___

Prescriber and shipping information (please print)

Prescriber: _____ NPI: _____
Ship to: ❒ Patient ❒ Office ❒ Other: _____ Office phone number: _____ Office fax number: _____
Office address: _____ City: _____ State: _____ ZIP code: _____
Signature: _____ Date: _____
We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" here: _____
The prescriber is to comply with his/her state-specific prescription requirements, such as e-prescribing, state-specific prescription form and fax language. Noncompliance with state-specific requirements could result in outreach to the prescriber.