Baybridge® Specialty Rx

Dermatology Prescription

Fax: 1 833-350-3893

Patient Information

Last Name:	First Name:	Gender at birth: ☐ Male ☐ Female	Body weight (kg): (Pediatric)	Date of birth: (DD/MMM/YYYY)
Allergies: ☐ No ☐ Yes (Please specify)		Address:		
City:		Province		Postal Code:
Phone number of individual or Substitute Decision Maker:		Email of individual or Substitute Decision Maker:		

Ship to:
☐ Patient's Home ☐ MD Office ☐ Other:

PATIENT SERVICES

☐ Dietary Assessment ☐ TDM ☐ Meds – Check ☐ QuantiFERON Gold ☐ Smoking Cessation ☐ HAQ/DLQI
☐ Injection Training & Maintenance ☐ Insurance Navigation ☐ Vaccination (see below)

VACCINATION

☐ Hep A/B x 3 OR 4 (as per rapid protocol)® ☐ Shingrix® (doses 2-6 months apart)® ☐ Td/Tdap x 1® ☐ Prevnar 13® x 1
☐ Gardasil 9® x 3 (0, 2, 6 mo) ☐ Pneumovax® x 1 (8 weeks post Prevnar 13®) ☐ Other:

PATIENT REQUIREMENT

Has the patient been provided sample product to start? ☐ Yes ☐ No Washout required from previous therapy? ☐ Yes ☐ No Start Date (DD/MMM/YYYY):
TB test complete? ☐ Yes ☐ No CXR negative? ☐ Yes ☐ No TB test negative? ☐ Yes ☐ No Other:

Medication	Dose and Instruction	LU Code	Duration
ALOPECIA AREATA ☐ Litfulo (ritlecitinib) 50mg capsules	☐ Take 50mg orally once daily Other instructions:		☐ 3 months ☐ 6 months ☐ 1 year ☐ Other
ATOPIC DERMATITIS ☐ Adtralza (tralokinumab) ☐ PEN ☐ PFS	☐ Initial: 600mg SC once ☐ Maintenance: 300mg SC every 2 weeks		
☐ Cibinqo (abrocitinib)	☐ 100mg orally once daily ☐ 200mg orally once daily		
☐ Duxipent (dupilumab) ☐ PEN ☐ PFS BW=_____ kg	☐ Initial: 600mg SC once ☐ Initial: 400mg SC once ☐ 300mg every 2 weeks ☐ 300mg every 4 weeks ☐ 200mg every 4 weeks		
☐ Rinvoq (upadacitinib)	☐ 15mg orally once daily ☐ 30mg orally once daily		
☐ Alitretinoin (Toctino/generics)	☐ 10mg orally once daily ☐ 30mg orally once daily	☐ 442	
Other instructions:			
CHRONIC URTICARIA ☐ Xolair (omalizumab) ☐ PFS ☐ Vial	☐ 150mg SC every 4 weeks ☐ 300mg SC every 4 weeks		
Other instructions:			

Medication	Dose and Instruction	LU Code	Duration
PLAQUE PSORIASIS / HIDRADENITIS SUPPURATIVA (HS) (Adalimumab) ☐ Hadlima ☐ Hulio ☐ Hyrimoz ☐ Idacio ☐ Amgevita ☐ Abrilada ☐ Simlandi ☐ Yuflyma ☐ Humira ☐ PEN ☐ PFS ☐ Vial	PsO dosage: ☐ Initial: 80mg SC followed by maintenance dose starting 1 week after initial dose ☐ Maintenance: 40mg SC q 2 weeks HS dosage: ☐ Initial: 160mg SC week 0, 80mg week 2, then maintenance dose on week 4 ☐ Maintenance: 40mg SC weekly Pediatric HS: ☐ Initial: 80mg SC followed by maintenance dose starting 1 week after initial dose (for adolescent HS, 12-17 y.o, BW>=30kg) ☐ 40mg SC every 2 weeks (for adolescent HS, 12-17 y.o, BW>=30kg)	☐ 609 PsO ☐ 607 HS	☐ 3 months ☐ 6 months ☐ 1 year ☐ Other
Other instructions:			
PLAQUE PSORIASIS ☐ Brenzys ☐ Erelzi ☐ Enbrel ☐ PEN ☐ PFS ☐ Vial	☐ 25mg SC twice weekly OR ☐ 50mg SC once weekly OR ☐ 50mg SC twice weekly	☐ 591 ☐ 661	

Reset Form

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Medication	Dose and Instruction	LU Code	Duration
PLAQUE PSORIASIS ☐ Bimzelx (bimekizumab) ◯ PEN ◯ PFS	☐ Initial: 320 mg SC at weeks 0, 4, 8, 12 and 16 ☐ Maintenance: 320 mg SC every 8 weeks	☐ 641	
☐ Cimzia (certolizumab) ◯ PEN ◯ PFS	☐ 400 mg SC at weeks 0, 2 and 4 followed by 200mg SC every 2 weeks ☐ 400 mg SC every 2 weeks		
Other instructions:			
☐ Cosentyx (secukinumab) ◯ PEN ◯ PFS	☐ Initial: ◯ 75 mg ◯ 150mg ◯ 300mg SC on weeks 0, 1, 2, 3 and 4 ☐ Maintenance: ◯ 75mg ◯ 150mg ◯ 300mg SC monthly	☐ 476	
☐ Ilumya (tildrakizumab) 100mg/mL PFS	☐ Initial: 100mg SC at weeks 0 and 4 ☐ Maintenance: 100mg every 12 weeks	☐ 629	
◯ Inflectra ◯ Renflexis ◯ Avsola ◯ Remicade BW = _____ kg	☐ Initial: 5mg/kg IV at 0, 2, and 6 weeks ☐ Maintenance: 5mg/kg IV every 8 weeks	☐ 471	◯ 3 months ◯ 6 months ◯ 1 year ◯ Other
☐ Siliq (brodalumab) 210mg/1.5mL PFS	☐ Initial: 210mg SC at weeks 0, 1 and 2 ☐ Maintenance: 210 mg SC every 2 weeks	☐ 553	
☐ Skyrizi (risankizumab) ◯ PEN ◯ PFS	☐ Initial: 150mg SC at weeks 0 and 4 ☐ Maintenance: 150mg SC every 12 weeks	☐ 574	
◯ Stelara (ustekinumab) PFS BW = _____kg ◯ Wezlana ◯ Jamteki ◯ Finlius	☐ Initial: 45 mg SC at weeks 0 and 4 ☐ Maintenance: 45mg SC every 12 weeks ☐ Initial: 90mg SC at weeks 0 and 4, BW > 100kg ☐ Maintenance: 90mg SC every 12 weeks, BW > 100kg	☐ 419	
☐ Tremfya (guselkumab) ◯ PEN ◯ PFS	☐ Initial: 100mg SC at weeks 0 and 4 ☐ Maintenance: 100mg SC every 8 weeks	☐ 658	
☐ Taltz (ixekizumab) ◯ PEN ◯ PFS	☐ Initial: 160mg SC at weeks 0, followed by 80mg SC at weeks 2, 4, 6, 8, 10 & 12 ☐ Maintenance: 80mg SC every 4 weeks	☐ 526	
☐ Apremilast (Otezla / generics)	☐ Initial: 10mg orally QAM on day 1, 10mg BID on day 2, 10mg QAM & 20mg QPM on day 3, 20mg BID on day 4, 20mg QAM & 30mg QPM on day 5, then maintenance dose 30mg BID starting day 6. Mitte: 1 Starter Pack (7 day supply) ☐ Maintenance: 30mg orally BID		
☐ Sotyktu (deucravacitinib)	☐ 6mg orally once daily		
Other instructions:			

Prescriber has discussed details with the patient and has received the patient's consent for Bayshore HealthCare Ltd. to contact the patient regarding the information on this form, in order to assist with dispensing of the medication, detailed above. Patient information will only be shared with Bayshore HealthCare Ltd. for these exclusive reasons and not shared with any other third parties.

Reset Form

Prescriber

Name:	Phone:	Fax	License Number:	
Clinic Address:		City:	Province:	Postal Code:
Signature		Date: (DD/MMM/YYYY)		