

# GALDERMA

EST. 1981

## ATOPIC DERMATITIS (AD) INTAKE PROCESSING (ACTICS)



EVERSANA™

**A Middle Initial**

Along with the First Name and Last Name, the patient information includes the **Middle Initial** field.

**B Best Time to Contact**

The system now includes **Best Time to Contact** field.

**C Form Version**

The system now includes a **Form Version** field. You can select the form version via a dropdown box.

Patient Search

Care Program Name

Galderma Patient Support Services

\* Product

NEMLUVIO

\* Enrollment Type

New

Patient Search by Name

Clark Kent

\* First Name

Clark

Middle Initial

J

\* Last Name

Kent

Date of Birth

Jul 4, 1983

Gender

Male

Language

English

Best Time To Contact

Morning

Form Version

US-NMO-2400560

\* Origin

Fax

\* Source

HCP

Email

clark.kent@gmail.com

Phone Number

8002979941

Mobile Number

9999999999

Address Type

Mailing & Shipping

Address

123, Main Street

City

Houston

State

Texas - TX

Zip

77523

Primary

Yes

Enroll Patient

Cancel

GALDERMA  
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**D Caregiver Details**  
You can add the Caregiver's **First Name**, **Last Name** and their **Relationship to Patient** information.

**E Best Time to Contact**  
The system now includes **Best Time to Contact** field for the Caregiver Information.

**H ICD-10 Code (AD)**  
You can select the ICD-10 Code for Atopic Dermatitis from the dropdown menu.

Intake Patient Enrollment

Care Program Name

Galderma Patient Support Services

\*Product

NEMLUVIO

> Patient Information

< Caregiver Information

Caregiver Search by Name

Q

Louis Lane

X

\*First Name

Lois

\*Last Name

Lane

Relationship To Patient

Wife

Email

lois.lane@gmail.com

Phone Number

9898475528

Best Time To Contact

Any

☒ Address same as patient?

Address Type

Mailing & Shipping

Address

123, Main Street

City

Houston

State

Texas - TX

Zip

77523

Primary

Yes

Power of Attorney

--None--

Power of Attorney Documentation Provided

--None--

> Insurance Information

> Provider Information

< Patient Clinical Information

ICD Search by Code

Q

L20

X

L20.0

Besnier's prurigo

L20.8

Other Atopic Dermatitis

L20.81

Atopic neurodermatitis

L20.82

Flexural eczema

L20.83

Infantile (acute) (chronic) eczema

L20.84

Intrinsic (allergic) eczema

L20.89

Other atopic dermatitis

L20.9

Atopic dermatitis, unspecified

**F Caregiver Address**  
You can now click on **Address same as patient** checkbox to auto populate the address.

**G Primary Caregiver**  
You can now indicate whether the caregiver is the patient's primary caregiver by selecting **Yes** or **No** from the dropdown menu.

## Intake Patient Enrollment

Care Program Name	* Product
Galderma Patient Support Services	NEMLUVIO

- > Patient Information
- > Caregiver Information
- > Insurance Information
- > Provider Information
- > Patient Clinical Information
- > Additional Clinical Information

Patient has greater than 20 nodules?

Select an Option

Information Type	Value
Body % Score	7
	Is BSA < 10%
	Yes

Information Type	Value
IGA Score	2

Add Multiple Clinical

> Previous or Other Treatments

Product	Start Date
Dupixent	
Other Product	End Date
Dose	Is this a Tried/Failed Therapy?
	Select an Option
Frequency	Outcome of Treatment
Other Disease Impacts	<input type="checkbox"/> No Other Treatments
	Explanation

Add New other Treatment

> Product Information

## I Body Surface Area %

New **Body Surface Area %** and **if BSA is <10%** fields have been added.

You can select the Information type from the dropdown menu.

## K Previous Treatments

Previous treatments are now listed in the text fields.

The start/end dates or treatment outcome fields are no longer required to be filled.

## J IGA Score

New field added for the IGA score in the system.

## Intake Patient Enrollment

Care Program Name	*Product
Galderma Patient Support Services	NEMLUVIO

- > Patient Information
- > Caregiver Information
- > Insurance Information
- > Provider Information
- > Patient Clinical Information
- > Additional Clinical Information
- > Previous or Other Treatments
- ✓ Product Information

### General Information

Product Search	Preferred Specialty Pharmacy
<input type="text" value="NEMLUVIO"/>	<input type="text" value="Optum Specialty"/>
Product	*Already Sent to Specialty Pharmacy?
NEMLUVIO	No
Patient Requires Loading Dose?	Referring Specialty Pharmacy
Yes	<input type="text" value="Optum Specialty"/>
Ship To	Other Specialty Pharmacy
Patient	<input type="text"/>
Patient Started on Sample?	Preferred Specialty Pharmacy Phone
No	8554274682
Request Injection Training?	Preferred Specialty Pharmacy Fax
No	8773424596

### Product Details Information

Complete Intake

## L Specialty Pharmacy

The system now includes the **Already sent to Specialty Pharmacy?** Text field.

If **Already sent to Specialty Pharmacy?** is checked in the form, the prescription is sent to SP referral; else, it goes to HCP referral

- > Caregiver Information
- > Insurance Information
- > Provider Information
- > Patient Clinical Information
- > Additional Clinical Information
- > Previous or Other Treatments
- ▼ Product Information

- ▼ General Information
- ▼ Product Details Information

NDC Product

Prescription Elements Provided ⓘ

Available

Selected

Date of Prescribing  
Prescriber Signature  
Strength and Dosage  
Directions for Use  
Quantity Prescribed  
Patient DOB

Dispense as Written  
Yes

NDC Product

Prescription Elements Provided ⓘ

Available

Selected

Date of Prescribing  
Prescriber Signature  
Strength and Dosage  
Directions for Use  
Quantity Prescribed  
Patient DOB  
Patient Address

Dispense as Written  
Yes

Type  
Commercial

Dose Type  
Maintenance

Quantity  
1

Refills Requested  
0

Type  
Commercial

Dose Type  
Loading

Quantity  
2

Refills Requested  
0

## M Maintenance Dose (AD)

The Atopic Dermatitis (AD) Maintenance Dose (for commercial and free goods) only allows **ONE (1) pen**.

**Refills Required** will default to **ZERO (0)** unless the **12 refills** checkbox is selected on the form.

## N Loading Dose (AD)

The Atopic Dermatitis (AD) Loading Dose (for commercial and free goods) will include **TWO (2) pens**.

It has **no weight requirement**.