

Zerigo Health Prescription Form and Written Order



Complete the sections below and fax to (844) 562-6896 or email to efax@zerigohealth.com
 Call (877) 738-6041 for assistance

Patient Information – Required

First Name _____ MI _____
 Last Name _____
 Date of Birth _____
 Parent/Guardian Name _____ NA
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Prescription for Zerigo Health ¹

NB-UVB Home
 Phototherapy system with
 connected
 Bluetooth interface
 for remote patient
 monitoring



Diagnosis Code (Select one code only) - Required

Eczema		Psoriasis	
L20.0	Besnier's prurigo	L40.0	Psoriasis vulgaris
L20.81	Atopic Neurodermatitis	L40.1	Generalized pustular psoriasis
L20.82	Flexural eczema	L40.2	Acrodermatitis continua
L20.84	Intrinsic (allergic) eczema	L40.3	Pustulosis palmaris et plantaris
L20.89	Other atopic dermatitis	L40.4	Guttate psoriasis
L20.9	Atopic dermatitis, unspecified	L40.8	Other psoriasis
		L40.9	Psoriasis, unspecified

Skin Type Protocol Information (Select one Fitzpatrick Skin Type) - Required *Refer to AAD dosing protocols on pages 2-3.

Fitzpatrick Skin Type:

I II III IV V VI

Prescription Duration:

Standard 24 months

*System will be disabled at the end of the prescription duration

Statement of Medical Necessity - Required

Symptom Severity	Body Surface Area (BSA)	Psoriasis or Eczema Area Severity Index <i>(If available)</i>	Impacted Body Locations <i>(select all that apply)</i>	Additional Information <i>List other interventions attempted (Optional)</i>
Mild	_____ %BSA	PASI: _____	Eyelids	
Moderate		EASI: _____	Genitals	
Severe		N/A	Scalp	
			Intertriginous Area	
			Crucial Body Area (Hands/Face/Feet/Neck)	
			Other Body Locations	

Prescriber Information - Required

First Name _____ Last Name _____
 Medical License #: _____ NPI #: _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

I certify that I am the physician identified on this form. I have reviewed this prescription and written order. Any statement on my letterhead attached has been reviewed and signed by me. I certify that the patient and/or authorized caregiver is capable and willing to be trained by Zerigo Health on proper home use of the prescribed Home Phototherapy System product.

I understand that Zerigo and its Zerigo Care Guides do not furnish medical advice or make medical decisions related to the Home Phototherapy System and that I (and, as applicable, other health care providers) am responsible for medical decisions and treatment options including any decision to prescribe the Home Phototherapy System or suspend or discontinue the prescription in the event of patient non-compliance

Prescriber Signature - Required _____ Date _____

PROTOCOL REFERENCE ONLY

American Academy of Dermatology (AAD) Protocol for Psoriasis 2019

Psoriasis Protocol⁸

Treatment Frequency: 3 times per week

Skin Type	Adult Initial Dose (mJ/cm ²)	Pediatrics Initial Dose (mJ/cm ²) ²	Reduced Initial Dose (mJ/cm ²) ³		Dose Increase (% Previous)	Dose Reduction ⁴	Maximum Dose (mJ/cm ²) ⁵
			ADULT	PEDIATRIC			
I	300	210	130	130	20%	Last lower dose	2000
II	300	210	220	210	20%	Last lower dose	2000
III	500	350	260	260	20%	Last lower dose	3000
IV	500	350	330	330	20%	Last lower dose	3000
V	800	560	350	350	20%	Last lower dose	5000
VI	800	560	400	400	20%	Last lower dose	5000

Dose Adjustments

The effect of skin erythema on dosing	Dose%
Minimal erythema lasting < 24 hours following treatment	Increase dose 20%
Erythema persistent for >24hours but <48 hours	Dose held at previous level until erythema lasting <24 hours
Erythema lasting >48 hours	No treatment on the day of assessment followed by return dose to the last dose that did not cause persistent erythema.

Days Missed Between Treatments

Days Missed	Action	Dose Reduction (% Previous)
7 days	Hold previous dose constant	0
8-14 days	Decrease previous dose by	25
15-28 days	Decrease previous dose by	50
≥ 28 days	Return to initial dose	Initial Dose

Maintenance

Maintenance Phase	Dose	Frequency	Duration (Consecutive Weeks)
Phase 1	Last Dose Prior to clearing	2 times per week	4
Phase 2 ⁶	Last Dose Prior to clearing	1 time per week	4 or more ⁷

PROTOCOL REFERENCE ONLY

American Academy of Dermatology (AAD) Protocol for Eczema

Eczema Protocol⁹

Treatment Frequency: 3 times per week

Days Missed Between Treatments

Skin Type	Initial Dose (mJ/cm ²)	Dose Increase (mJ/cm ²)	Dose Reduction (% Previous)	Maximum Dose (mJ/cm ²)
I	130	15	25	2000
II	220	25	25	2000
III	260	40	25	3000
IV	330	45	25	3000
V	350	60	25	5000
VI	400	65	25	5000

Days Missed	Action	Dose Reduction (% Previous)
1-3	Continue Plan	0
4-7	Maintain last dose	0
8-14	Decrease dose	25
15-21	Decrease dose	50
≥ 22	Restart initial dose	Initial Dose

Maintenance

Step	Dose reduction (% of Peak)	Frequency	Duration (Weeks)	If condition unchanged go to	If condition worsens go to:
Step 1	0	1 time per week	4	Step 2	Treatment
Step 2	25	1 every 2 weeks	4	Step 3	Step 1
Step 3	50	1 every 4 weeks	4	End Maintenance	Step 2

- Zerigo narrowband (NB-UVB) therapy is FDA-cleared for the treatment of vitiligo, psoriasis, eczema, seborrheic dermatitis, and leukoderma on all skin types (I-VI). Usage requires a physician prescription. Refer to Instruction for Use for full details. https://www.zerigohealth.com/pdf/40-0026_1_Zerigo-Member-Guide.pdf
- For patients under the age of 18, the initial dose is reduced by 30%.
- If a patient reports that erythema lasted more than 48 hours after the first treatment, the initial dose will be reduced to the 2010 AAD Guidelines initial dose (if the 2010 AAD Guidelines initial dose is lower).
- Dose reduction will reduce the dose to the last lower dose that did not cause persistent erythema.
- Regardless of skin type, the recommended maximum dose for treatment of facial areas should not exceed 1000 mJ/cm².
- After the completion of Phase 1 Maintenance.
- After completing 4 consecutive weeks of Phase 2 Maintenance, the patient is given the option to continue maintenance or stop treating that body location.
- Reference: Elmetts CA, Lim HW, Stoff B, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy. J Am Acad Dermatol. 2019;81(3):775-804. doi:10.1016/j.jaad.2019.04.04
- Reference: Menter A, Korman NJ, Elmetts CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. J Am Acad Dermatol. 2010;62:114-35