

Dermatology Referral Form



Prescriber's Name: _____
 DEA #: _____ NPI: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Office Contact: _____

Date: _____ Needs by Date: _____

Language: _____ Nursing Instruction Required

Ship to: Patient MD Office Other: _____

PATIENT INFORMATION: Please complete the following or send patient demographic sheet.

Patient Name: _____ Date of Birth: _____ Sex: M F
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Alternate: _____ Email: _____

PLEASE ATTACH ALL PRIMARY AND SECONDARY INSURANCE INFORMATION

CLINICAL INFORMATION: Please send recent clinical notes, current medications, labs, and tests to expedite the Prior Authorization.

Diagnosis: _____ ICD-10: _____ Height: _____ Weight: _____
 Prior Failed Medications: _____ Treatment-naive
 Duration and Reason for D/C: _____ Does the patient have a latex allergy? Yes No TB/PPD Test given? Yes No
 Methotrexate contraindicated: Elderly or Disabled Pregnancy/Breastfeeding Social activities Patient is of child bearing age Chronic Liver Disease
 Comments: _____

PRESCRIPTION INFORMATION

Medication	Strength	Directions/SIG	Quantity	Refill
<input type="checkbox"/> Cosentyx	<input type="checkbox"/> 150 mg/mL Sensoready Pen <input type="checkbox"/> 150 mg/mL Prefilled Syringe	Plaque Psoriasis/Arthritis Starter Dose: <input type="checkbox"/> Inject two 150 mg pens/syringes SC every week 0, 1, 2, 3, 4 (NO REFILLS) Plaque Psoriasis/Arthritis Maintenance Dose: <input type="checkbox"/> Inject two 150 mg pens/syringes SC every 4 weeks	5 Kits	X
<input type="checkbox"/> Dupixent	<input type="checkbox"/> 300 mg/2 mL Prefilled Syringe	Starter Dose: <input type="checkbox"/> Inject two 300 mg/2ml syringes (NO REFILLS) Maintenance Dose: <input type="checkbox"/> Inject one 300 mg/2ml syringe every other week		X
<input type="checkbox"/> Enbrel	<input type="checkbox"/> 50 mg/mL Sureclick Autoinjector <input type="checkbox"/> 50 mg/mL Prefilled Syringe	Psoriasis Induction Dose: <input type="checkbox"/> Inject 50 mg SC 2x/week (3-4 days apart) for 3 months, then start maintenance dosing Psoriasis Maintenance Dose: <input type="checkbox"/> Inject 50 mg SC 1x/week	8	2
<input type="checkbox"/> Humira	<input type="checkbox"/> Psoriasis/Uveitis Starter Package <input type="checkbox"/> Hidradenitis Suppurativa (H.S.) Starter Package <input type="checkbox"/> 40 mg/0.8 mL Pen <input type="checkbox"/> 40 mg/0.8 mL Prefilled Syringe	Psoriasis/Uveitis Induction Dose: <input type="checkbox"/> Inject two 40mg pens/syringes SC on day 1, then one 40mg pens/syringes on day 8, then one 40mg pens/syringes every other week (NO REFILLS) Psoriasis/Uveitis Maintenance Dose: <input type="checkbox"/> Inject one 40 mg pen/syringe SC every other week	4	X
		Hidradenitis Suppurativa Induction Dose: <input type="checkbox"/> Inject four 40 mg pens/syringes SC on day 1, then two 40 mg pens/syringes on day 15, then one 40mg pens/syringes every week starting day 29 (NO REFILLS)	4	X
		Hidradenitis Suppurativa Induction ALT Dose: <input type="checkbox"/> Inject two 40 mg pens/syringes SC on day 1, 2, 15, and then on day 29, one 40 mg pen every week (NO REFILLS) Hidradenitis Suppurativa Maintenance Dose: <input type="checkbox"/> Inject one 40 mg pen/syringe SC every week	4	X
<input type="checkbox"/> Humira Citrate Free	Citrate Free Starting Therapy Psoriasis/Uveitis Starter Package <input type="checkbox"/> 40 mg/0.4 mL Pen <input type="checkbox"/> 80 mg/0.8 mL Pen <input type="checkbox"/> Hidradenitis Suppurativa (H.S.) Starter Package 80 mg/0.8 mL Pen Maintenance <input type="checkbox"/> 40 mg/0.4 mL Pen <input type="checkbox"/> 40 mg/0.4 mL Prefilled Syringe	Psoriasis Psoriasis Citrate Free Induction Dose: <input type="checkbox"/> Inject two 40 mg pens SC on day 1, then inject one 40 mg pen SC on day 8, then inject one 40 mg pen SC on day 22 or <input type="checkbox"/> One 80 mg SQ inj. Day 1, one 40 mg SQ inj. Day 8, one 40 mg SQ inj. Day 22 Psoriasis Citrate Free Maintenance Dose: <input type="checkbox"/> Inject one 40 mg pen/syringe SC every other week	<input type="checkbox"/> 3 Pens <input type="checkbox"/> 4 Syringes	
		Hidradenitis Suppurativa Citrate Free Induction Dose: <input type="checkbox"/> Inject two 80 mg pen SC on day 1, then inject one 80 mg pen SC on day 15 or <input type="checkbox"/> One 80 mg SQ inj. Day 1, one 80 mg SQ inj. Day 2, one 80 mg SQ inj. Day 15 Hidradenitis Suppurativa Citrate Free Maintenance Dose: <input type="checkbox"/> Inject one 40 mg pen/syringe SC day 29 & every other week	3	No Refills
<input type="checkbox"/> Stelara	<input type="checkbox"/> 45 mg/0.5 mL Prefilled Syringe	Induction Dose: For patients weighing < 100 kg (220 lbs): Inject 45 mg SC on day 1 (NO REFILLS) Maintenance Dose: For patients weighing < 100 kg (220 lbs): Inject 45 mg SC on day 29, then every 12 weeks	1	X
	<input type="checkbox"/> 90 mg/mL Prefilled Syringe	Induction Dose: For patients weighing > 100 kg (220 lbs): Inject 90 mg SC on day 1 (NO REFILLS) Maintenance Dose: For patients weighing > 100 kg (220 lbs) Inject 90 mg SC on day 29, then every 12 weeks	1	X
<input type="checkbox"/> Tremfya	<input type="checkbox"/> 100 mg/1 mL Prefilled Syringe	Psoriatic Arthritis Dose: <input type="checkbox"/> Inject SC one 100 mg injections at week 0 & week 4 then every 8 weeks thereafter		
<input type="checkbox"/> Otezla	<input type="checkbox"/> Titration Starter Pack (4-week supply)	Starter Dose: Day 1: 10 mg in AM Day 3: 10 mg PO in AM & 20 mg PO in PM Day 5: 20 mg PO in AM & 30 mg PO in PM Day 2: 10 mg PO in AM & 10 mg PO in PM Day 4: 20 mg PO in AM & 20 mg PO in PM Day 6+: 30 mg PO TWICE daily	55 (28 Day Supply)	X
	<input type="checkbox"/> 30mg tablet	Maintenance Dose: 1 tablet twice daily Maintenance Dose (severe renal impairment): Take 30 mg PO ONCE daily		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		

Quality Specialty Pharmacy

Physician Signature: _____ Date: _____

*Prescription is VOID if the Number of drugs prescribed is NOT noted. _____ 1 2 3

IMPORTANT NOTICE: This facsimile is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the center at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitter material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.