



## Dermatology Referral Form

Administer At:  Patient's Home  Prescriber's Office  Other: \_\_\_\_\_ Hold shipment until notified by prescriber  Anticipated Start Date: \_\_\_\_\_

### 1. Patient Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 2. Prescriber Information

Prescriber Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 NPI# \_\_\_\_\_ Office Contact: \_\_\_\_\_

### 3. Diagnosis and Clinical Information (Please fax recent clinical notes, labs and tests, with the prescription to expedite the prior authorization)

Allergies: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Tried/Failed Meds and Therapies: \_\_\_\_\_ Negative TB test date: \_\_\_\_\_  
 Diagnosis (ICD 10 Code): \_\_\_\_\_

### 4. Prescription Information (A-J) DAW1- Dispense as written. Do not substitute for generic

Medication	Dose	Directions	Dispense	Refill
<b>Cimzia</b>	200mg/ml start kit (6syr) 200mg/ml PFS kit (2syr) 200mg/ml vial (office)	Initial: 400 mg, repeat dose 2 and 4 weeks after initial dose; Maintenance: 200 mg every other week Maintenance: 400 mg every 4 weeks.		
<b>Cosentyx</b>	150mg/ml PFS 150mg/ml Sensoready Pen	Initial: 150mg or 300mg (2x 150mg) for SC weekly at weeks 0, 1, 2, 3, and 4 Maintenance: 150mg SC every 4 weeks or 300mg (2x 150mg) SC every 4 weeks		
<b>Dupixent</b>	200 mg/1.14mL PFS 300 mg/2 mL (2-PFSyringe) 300 mg/2mL (2-PFPen)	Initial dose: Inject 600 mg SC (300mg in two different Inj sites) Maintenance Dose: Inject 200 mg SC every other week 300 mg SC every other week 300 mg SC every 4 weeks		
<b>Enbrel</b>	25mg or 50mg PFS 50mg Sureclick Autoinjector PENs 25mg vial 50mg Mini for Autotouch device each product comes with #4	Initial: inject 50mg SC Twice a week (72-96hrs apart) Maintenance dose: Inject 50 mg SC once a week Maintenance dose: Inject 50 mg SC twice a week		
<b>Humira</b> <b>Humira CF</b>	Psoriasis / Uveitis Starter Pack CF kit (3)pens: contains: 1x 80mg/0.8ml pen 2x 40mg/0.4ml pen  4x40 mg/0.8 mL Pens	Initial: Day 1: Inject 80 mg SC x 1 dose, Day 8 and after: Inject 40 mg SC every other week	1 kit	
	40mg PEN 40mg PF Syringe 80mg PEN 80mg PF Syringe	Maintenance: Inject 40 mg SC every other week		
<b>Ilumya</b>	100 mg/mL PFS	Initial: Inject SC 100 mg at weeks 0, 4, and then every 12 weeks after Maintenance: Inject SC 100 mg every 12 weeks thereafter	2 syringes	
<b>Other</b>				

Order will include as needed: Anaphylaxis kit, Diluents, Flushes, Supplies. Skilled Home Health nursing services if administered at home

### Prescriber Authorization (No stamps. Signature and date must be completed in prescriber's handwriting)

I authorize MedRX Infusion Clinical Pharmacy to act as my representative and on behalf of myself and my patient to initiate any authorization processes from applicable health plans, if needed, including the submission of any necessary forms to such health plans.

Prescriber Signature \_\_\_\_\_

PRESCRIBER SIGNATURE REQUIRED. NO STAMPS.

Date \_\_\_\_\_



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### 2. Prescriber Information

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 Diagnosis (ICD 10 Code): \_\_\_\_\_

### 4. Prescription Information (J-Z) DAW1- Dispense as written. Do not substitute for generic

Medication	Dose	Directions	Dispense	Refill
Otezla	28 Day Starter Pack - tapering	Day 1: Take 10 mg PO QAM Day 2: Take 10 mg PO BID Day 3: Take 10 mg PO QAM and 20 mg QPM Day 4: Take 20 mg PO BID Day 5: Take 20 mg PO QAM and 30 mg QPM Day 6: Take 30 mg PO BID	1 starter pack	
	30mg Maintenance	Take 30 mg PO BID	#60 tablets	
Simponi	50mg Prefilled Syringe 50mg SmartJet Pen	Inject 50 mg SC once a month		
Skyrizi	150 mg/mL PF Syringe 150 mg/mL PF Pen	Initial dose: Inject 150 mg SC at weeks 0 and 4		
		Maintenance dose: Inject 150 mg SC Q 12 weeks		
Stelara	45 mg/0.5 mL PF Syringe 90 mg/1mL PF Syringe	Initial dose: Inject 45 mg SC at weeks 0 and 4 Maintenance dose: Inject 45 mg SC Q 12 weeks Other_____		
		Initial dose: Inject 90 mg SC at weeks 0 and 4 Maintenance dose: Inject 90 mg SC Q 12 weeks Other_____		
Taltz	80 mg PFsyringe 80 mg Autoinjector	Initial dose: Inject 160 mg SQ once, followed by 80 mg at weeks 2, and week 4 Initial dose continued followed by 80 mg: Inject 6, 8, 10, and 12 Maintain at injection 80 mg SQ every 4 weeks.		
Tremfya	100 mg PFsyringe 100 mg Autoinjector	Initial dose: Inject 100 mg SC at weeks 0 and 4	#2	
		Maintenance dose: Inject 100 mg SC Q 8 weeks		
Other				

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Prescriber Signature \_\_\_\_\_

PRESCRIBER SIGNATURE REQUIRED. NO STAMPS.

Date \_\_\_\_\_