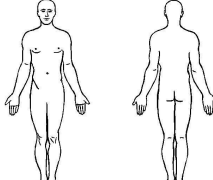


Dermatology H-R Referral Form

Date: _____

1.) Patient Information (Please provide front and back copy of patient's prescription insurance card)									
Name:			Date of Birth:		Sex: M F		Height:		Weight: lbs
Address:			APT/STE:		City:		State:		Zip:
Phone Number:			Alt. Phone Number:			SS#:			
Text Messages?	Y	N	Ship to:		Patient	Provider			
Insurance Plan:			ID #:		Bin:		PCN:		RX Group:

2.) Provider Information									
Office Name:					Provider Name:				
Address:			APT/STE:		City:		State:		Zip:
Phone Number:			Fax Number:						
NPI:			Tax ID:		Provider Type: MD DO NP PA-C Other:				

3.) Clinical Information (please fax all applicable office notes & labs)														
Previous Therapy	Not Tolerated	Tried & Failed Duration		Contraindication	Previous Therapy	Not Tolerated	Tried & Failed Duration		Contraindication	Additional Clinical Information Latex Allergy: Yes No TB Test: Yes No Date: Result: Hepatitis B Ruled Out? Yes No Date: Loading dose taken of medication below? Yes No Date: PGA Score: 0 1 2 3 4 5				
MTX					Simponi									
Cyclosporine					Stelara									
Sulfasalazine					Enbrel									
Acitretin					Taltz									
Humira					Hydrocortisone									
Cimzia					Clobetasol									
Cosentyx					PUVA/UVB									
Affected Area(s):					Hands Arms Trunk Feet Legs Scalp Groin Nails Other:					Shade affected areas: 				
BSA %:					PASI Score:									
Diagnosis:					Diagnosis Date:									
Additional Tried & Failed Medications/Additional Details:					L20.9 Atopic Dermatitis · L40.0 Plaque Psoriasis · L40.5 Psoriatic Arthritis · L40.8 Other Psoriasis L73.2 Hidradenitis S. Other:					Comorbidities: Allergies: NKDA				

4.) Medications				
Medication	Dose/Strength	Directions	Quantity	Refills
Humira-Citrate Free	Psoriasis Starter Kit (3 Pack Pens) 40mg/0.4mL Pen 40mg/0.4mL PFS	Initial: Inject 80mg SQ on day 1, 40mg on day 8, then 40mg every other week Maintenance: Inject 40mg SQ every other week Once Weekly: Inject 40mg SQ every week	Loading Dose 4 week supply	0
	HS Starter Kit 40mg/0.4mL Pen 40mg/0.4mL PFS	Initial: Inject 160mg SQ on day 1, 80mg on day 15, then 40mg every week starting day 29 Alt. Initial: Inject 80mg on day 1, 80mg on day 2, then 80mg on day 15 then proceed with maintenance Maintenance: Inject 40mg SQ on day 29 and once weekly thereafter	Loading Dose 4 week supply	0
Original Humira	Psoriasis Starter Kit (4 Pack Pens) 40mg/0.8mL Pen 40mg/0.8mL PFS	Initial: Inject 80mg SQ on day 1, 40mg on day 8, then 40mg every other week Maintenance: Inject 40mg SQ every other week Once Weekly: Inject 40mg SQ every week	Loading Dose 4 week supply	0
	HS Starter Kit 40mg/0.8mL Pen 40mg/0.8mL PFS	Initial: Inject 160mg SQ on day 1, 80mg on day 15, then 40mg every week starting day 29 Alt. Initial: Inject 80mg on day 1, 80mg on day 2, then 80mg on day 15 then proceed with maintenance Maintenance: Inject 40mg SQ on day 29 then once weekly thereafter	Loading Dose 4 week supply	0
Ilumya	100mg/mL PFS	Initial: Inject 100mg SQ at weeks 0 & week 4 Maintenance: Inject 100mg SQ every 12 weeks	1 1	1
Otezla	28 day starter pack	Take as Directed per package directions (qty 55) 14 day titration starter pack sample provided by prescriber on date: _____	55 Tablets	0
	30mg tablets	Take 1 tablet by mouth once daily Take 1 tablet by mouth twice daily	30 Tablets 60 Tablets	
	Bridge RX* - 30mg Tablets	Take 1 tablet by mouth twice daily	28 Tablets	12

*Bridge Rx is at no cost, for eligible commercially insured, on-label diagnosed patients only, and not contingent on purchase requirements of any kind. Bridge Rx is not available to enrollees in Medicare, Medicaid, and other federal and state programs, as well as Massachusetts residents. Intended to support continuation of prescribed therapy if there is a delay in determining whether commercial prescription coverage is available.

5.) Provider's Signature

Substitution Permissible

Dispense As Written

With your signature, you are authorizing the pharmacy and its' representatives to act as agents in initiation and follow up of the prior authorization process.