benevere PHARMACY

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TODAY'S DATE: _____

☐ NEW PATIENT ☐ CURRENT PATIENT

Dermatology Referral Form

PATIENT INFORMATION

Patient Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone _____ Cell _____
DOB _____ SSN _____
Drug Allergies _____ ☐ Male ☐ Female

PRESCRIBER INFORMATION

Prescriber Name _____ DEA _____
NPI# _____ Tax ID _____
Practice Name _____
Address _____ Suite _____
City _____ State _____ ZIP _____
Office Phone _____ Fax _____

COMPLETE OR FAX FRONT AND BACK COPIES OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARDS

Primary Prescription Insurance _____
Insurance Phone _____
Secondary Prescription Insurance (if applicable) _____
Insurance Phone _____

CLINICAL INFORMATION - (*PLEASE ATTACH A LIST OF PATIENTS'S CURRENT MEDICATIONS.)*

Diagnosis ☐L40 Psoriasis ☐L40.52 Psoriasis Arthritis ☐L73.2 Hidradenitis (HS) ☐Other _____ Location of psoriasis: ☐Hands ☐Feet ☐Scalp ☐Groin ☐Nails ☐Other

Severity of psoriasis: ☐Mild (up to 3% BSA) ☐Moderate (3-10% BSA) ☐Severe (>10% BSA) BSA _____% Previously treated for this condition? ☐Yes ☐No

Medication/Therapy: ☐Topical _____ ☐Other _____

Is patient currently on therapy? ☐Yes ☐No Type/medication(s): _____ Patient tested for TB/PPD? ☐Yes ☐No Results: _____

Will patient stop the above medication(s) before starting the new medication? ☐Yes ☐No If yes, how long before starting the new medication?: _____

DRUG NAME		PRESCRIPTION ORDERS *(PLEASE CHECK ONE OR MORE)*	QTY	REFILLS
Cimzia®	☐ **200mg Prefilled syringe**	☐ Inject 400mg subcutaneously every other week	2	
		Option for < 90kg: ☐ **Induction:** Inject 400mg subcutaneously on day 1, week 2 and week 4 ☐ **Maintenance:** Inject 200mg subcutaneously every other week	1 kit	0
			1	
Cosentyx® Limited Distribution	☐ **150mg Senoready Pen** ☐ **150mg Prefilled syringe**	☐ **Induction:** Inject 300 mg subcutaneously at Weeks 0, 1, 2, 3. ☐ **Maintenance:** Inject 300mg subcutaneously every 4 weeks starting at week 4.	28 Day Supply	0
			28 Day Supply	
Dupixent®	☐ **300mg Prefilled syringe**	☐ **Induction:** Inject 600mg (2 syringes) subcutaneously on day 1, begin maintenance on day 15. ☐ **Maintenance:** Inject 300mg subcutaneously every other week	14 Day Supply	0
			28 Day Supply	
Enbrel®	☐ **50mg Sureclick** ☐ **50mg Prefilled syringe** ☐ **Mini**	☐ **Induction:** Inject 50mg subcutaneously twice weekly for three months then maintenance dose ☐ **Maintenance:** Inject 50mg subcutaneously weekly ☐ Other _____	84 Day Supply	0
			28 Day Supply	
Enbrel®	☐ **25mg Vial kit** ☐ **25mg Prefilled syringe**	☐ Inject 25mg subcutaneously twice weekly ☐ Other _____	28 Day Supply	
Humira®–Citrate Free	☐ **40mg Pen** ☐ **40mg Prefilled syringe**	☐ **Psoriasis Induction**: Inject 80mg subcutaneously on day 1, followed by 40mg every other week starting on day 8	1 starter kit	0
		☐ **Psoriasis Maintenance**: Inject 40mg subcutaneously every other week	28 Day Supply	
		☐ **HS Induction**: Inject 160mg subcutaneously on day 1, then 80mg on day 15, maintenance dose on day 29	1 starter kit	0
		☐ **HS Maintenance**: Inject 40mg subcutaneously every week	28 Day Supply	
Ilumya®	☐ **100mg Prefilled Syringe**	☐ **Induction**: Inject 100mg under the skin at week 0 and 4, then every 12 weeks thereafter ☐ **Maintenance**: Inject 100mg under the skin every 12 weeks	28 Day Supply	0
			84 Day Supply	
Otezla®	☐ **28 Day Starter Pack**	☐ **Induction:** Take per package directions	28 Day Supply	0
Otezla®	☐ **30mg tablets**	☐ **Maintenance:** Take 30mg by mouth twice a day.	30 Day Supply	
		☐ **Bridge:** Take 30mg by mouth twice a day, dispensed by OSP. Titration date_____	14 Day Supply	12
Siliq®	☐ **210mg Prefilled Syringe**	☐ **Induction**: Inject 210mg under the skin at week 0, and 1 ☐ **Maintenance**: Inject 210mg under the sk·in every 2 weeks starting at day 15	14 Day Supply	0
			28 Day Supply	
Skyrizi®	☐ **75mg Prefilled syringe**	☐ **Inject 150mg (2 syringes) under the skin at Week 0, week 4, and every 12 weeks thereafter**	2	
Stelara®	☐ **45mg Prefilled syringe** ☐ **90mg Prefilled syringe**	☐ **< 100kg Body Weight:** Inject 45mg subcutaneously on Day 1, again after 4 weeks, then every 12 weeks after. ☐ **>100kg Body Weight:** Inject 90mg subcutaneously on Day 1, again after 4 weeks, then every 12 weeks after.	28 Day Supply	0
			84 Day Supply	
Taltz®	☐ **80mg Prefilled syringe** ☐ **80mg Pen**	☐ **Starting Dose:** Inject under the skin two 80 mg injections on Day 1. ☐ **Starting Dose w/ Induction:** Inject under the skin two 80 mg injections on Day 1, then begin first induction dose 2 weeks later. ☐ **Induction Dose:** Inject under the skin one 80 mg injection every 2 weeks (weeks 4-10) ☐ **Final Induction Dose:** Inject under the skin one 80 mg injection (week 12). ☐ **Maintenance Dose:** Inject under the skin one 80 mg injection every 4 weeks.	2	0
			3	0
			2	1
			1	0
			1	
Tremfya®	☐**100mg Prefilled Syringe** ☐**100mg Pen**	☐ **Induction:** Inject 100mg under the skin at week 0, then begin maintenance at week 4. ☐**Maintenance:** Inject 100mg under the skin every 8 weeks.	28 Day Supply	0
			56 Day Supply	

Deliver to:
☐ Patient's Home
☐ Physician's Office
☐ 1st dose to MD's Office, remaining refills to patient's home

Training:
☐ Patient has received injection training
☐ Physician's office to provide injection training
☐ Pharmacy to coordinate injection training

Prescriber's Signature (signature required. NO STAMPS) _____ Date _____

By signing this form and utilizing our services, you are authorizing Benevere and it's employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.