benevere PHARMACY

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beneverepharmacy.com

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	1 kit	0
		☐ **Maintenance:** Inject 200mg subcutaneously every other week	1	
Cosentyx® Limited Distribution	☐ **150mg Senoready Pen** ☐ **150mg Prefilled syringe**	☐ **Induction:** Inject 300 mg subcutaneously at Weeks 0, 1, 2, 3.	28 Day Supply	0
		☐ **Maintenance:** Inject 300mg subcutaneously every 4 weeks starting at week 4.	28 Day Supply	
Dupixent®	☐ **300mg Prefilled syringe**	☐ **Induction:** Inject 600mg (2 syringes) subcutaneously on day 1, begin maintenance on day 15.	14 Day Supply	0
		☐ **Maintenance:** Inject 300mg subcutaneously every other week	28 Day Supply	
Enbrel®	☐ **50mg Sureclick** ☐ **50mg Prefilled syringe** ☐ **Mini**	☐ **Induction:** Inject 50mg subcutaneously twice weekly for three months then maintenance dose	84 Day Supply	0
		☐ **Maintenance:** Inject 50mg subcutaneously weekly ☐ Other ____________	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	28 Day Supply	0
		☐ **Maintenance**: Inject 100mg under the skin every 12 weeks	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	14 Day Supply	0
		☐ **Maintenance**: Inject 210mg under the sk-in every 2 weeks starting at day 15	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.	28 Day Supply	0
		☐ **>100kg Body Weight:** Inject 90mg subcutaneously on Day 1, again after 4 weeks, then every 12 weeks after.	84 Day Supply	
Taltz®	☐ **80mg Prefilled syringe** ☐ **80mg Pen**	☐ **Starting Dose:** Inject under the skin two 80 mg injections on Day 1.	2	0
		☐ **Starting Dose w/ Induction:** Inject under the skin two 80 mg injections on Day 1, then begin first induction dose 2 weeks later.	3	0
		☐ **Induction Dose:** Inject under the skin one 80 mg injection every 2 weeks (weeks 4-10)	2	1
		☐ **Final Induction Dose:** Inject under the skin one 80 mg injection (week 12).	1	0
		☐ **Maintenance Dose:** Inject under the skin one 80 mg injection every 4 weeks.	1	
Tremfya®	☐**100mg Prefilled Syringe** ☐**100mg Pen**	☐ **Induction:** Inject 100mg under the skin at week 0, then begin maintenance at week 4.	28 Day Supply	0
		☐**Maintenance:** Inject 100mg under the skin every 8 weeks.	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

The information provided above is true and accurate to the best of my knowledge, with supporting documentation in the patient's medical record. By signing below, I hereby authorize CVS Specialty Pharmacy and/or its affiliate pharmacies to complete and submit prior authorization (PA) requests to payors for the prescribed medication for this patient and to attach this Enrollment Form to the PA request as my signature.

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

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law
If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.