

DERMATOLOGY REFERRAL FORM

A-H

Phone (888) 370.1724 Fax (877) 645.7514
10004 S. 152nd St, Suite A, Omaha NE 68138



Patient Information				PLEASE FAX INSURANCE CARD (FRONT AND BACK)				Prescriber Information			
Last Name		First Name		DOB				Practice/Facility Name			
Address								Address			
City		State		ZIP		City		State		ZIP	
Phone				SSN				Prescriber Name			
Allergies								Latex Allergy Yes No			
Sex Male Female		Weight (kg)		Height (ft,in)		Prescriber NPI					
Insurance Plan				Plan ID #				Nurse/Key Contact		Phone/Pager	
								Fax		Email	

Diagnosis/Clinical Information				PLEASE FAX CLINICAL AND LAB INFORMATION			
Diagnosis: L20.____ Atopic Dermatitis		L40.0 Psoriasis vulgaris/Plaque psoriasis/Nummular psoriasis		L40.8 Other psoriasis			
L40.9 Psoriasis, unspecified		L40.5____ Psoriatic arthritis		L73.2 Hidradenitis Suppurativa		Other: _____	
Date of diagnosis or years with the disease: _____							
Active TB is ruled out: Yes No Date of negative TB test: ____/____/____							
Concomitant medications: _____							
Previous treatment regimens with dates and reason for discontinuation: _____							

Prescription Information				
MEDICATION		DOSE/STRENGTH/DIRECTIONS FOR USE	QTY	REFILLS
Cimzia®	PFS Vials	Plaque psoriasis (starter dose): Inject 400mg SC at weeks 0, 2 and 4 Psoriatic Arthritis (starter dose): Inject 400mg SC at weeks 0, 2 and 4	6 x 200mg/ml 4 x 200mg/ml	0
		Plaque psoriasis (maintenance dose): Inject 400mg every other week OR for patients ≤90 kg, Inject 200 mg every other week thereafter may be considered Psoriatic Arthritis (maintenance dose): Inject 200mg every other week OR Inject 400mg every 4 weeks	4 x 200mg/ml 2 x 200mg/ml	_____
Cosentyx®	Sensoready Pen PFS	Psoriatic Arthritis (starter dose): Inject 150mg SC once weekly at weeks 0, 1, 2 and 3 Plaque psoriasis (starter dose): Inject 300mg SC once weekly at weeks 0, 1, 2 and 3	4 x 150mg/ml 8 x 150mg/ml	0
		Psoriatic Arthritis (maintenance dose): Inject 150mg SC on week 4 and every 4 weeks thereafter Plaque psoriasis (maintenance dose): Inject 300mg SC on week 4 and every 4 weeks thereafter	1 x 150mg/ml 2 x 150mg/ml	_____
Dupixent®	PFS	Starter dose: Inject 600mg SC on day 1, followed by 300mg SC at day 15 and every 2 weeks thereafter	4 x 300mg/2ml	0
		Maintenance dose: Inject 300mg SC every 2 weeks	2 x 300mg/2ml	_____
Enbrel® Adult	SureClick Autoinjector PFS Enbrel® Mini	Plaque psoriasis (starter dose): Inject 50mg SC twice a week (72-96 hours apart) for 3 months	8 x 50mg/ml	2
		Maintenance dose: Inject 50mg SC every week	4 x 50mg/ml	_____
Enbrel® Pediatric ≥4yo	Vials PFS SureClick Autoinjector PFS Enbrel® Mini	Inject _____ mg (0.8mg/kg) SC every week (<63 kg)	_____ x 25mg	_____
		Inject 50mg SC every week (≥63kg)	4 x 50mg	_____
Humira® Induction Dose (original formulation)	Pens PFS	Plaque psoriasis (starter dose): Inject 80mg SC day 1, then 40mg SC on day 8, then 40mg every 2 weeks Hidradenitis Suppurativa (starter dose): Inject 160mg SC on day 1, then 80mg on day 15 then 40mg SC on day 29 and every week thereafter	4 x 40mg/0.8ml 6 x 40mg/0.8ml	0
		Plaque psoriasis (starter dose): Inject 80mg SC day 1, then 40mg SC on day 8, then 40mg every 2 weeks Hidradenitis Suppurativa (starter dose): Inject 160mg SC on day 1, 80mg on day 15, then 40mg SC on day 29 and every week thereafter	1 KIT of 1 x 80mg/0.8mL, 2 x 40mg/0.4mL	0
Humira® Induction Dose (Citrate-Free)	Pens PFS	Plaque psoriasis (starter dose): Inject 80mg SC day 1, then 40mg SC on day 8, then 40mg every 2 weeks Hidradenitis Suppurativa (starter dose): Inject 160mg SC on day 1, 80mg on day 15, then 40mg SC on day 29 and every week thereafter	1 KIT of 3 x 80mg/0.8mL	0
		Plaque Psoriasis (maintenance dose) Inject 40mg SC EVERY OTHER week Hidradenitis Suppurativa (maintenance dose) Inject 40mg SC EVERY week Other: _____	#2 #4 # _____	_____ _____ _____
Humira® MAINTENANCE DOSE	40mg/0.8mL Pen 40mg/0.8mL PFS 40mg/0.4mL Pen (Citrate-free) 40mg/0.4mL PFS (Citrate-free)			

In order for a brand name product to be dispensed, the prescriber must handwrite "Brand Necessary" or "Brand Medically Necessary," or your state-specific required language to prohibit substitution:

PRESCRIBER MUST MANUALLY SIGN - STAMP SIGNATURE, SIGNATURE BY OTHER PERSONNEL AND COMPUTER-GENERATED SIGNATURES WILL NOT BE ACCEPTED

PRODUCT SUBSTITUTION PERMITTED/Brand exchange permitted (date) DISPENSE AS WRITTEN/Do Not Substitute (date)

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DERMATOLOGY REFERRAL FORM 0-Z

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Address						Address			
City		State		ZIP		City		State	ZIP
Phone			SSN			Prescriber Name			
Allergies Latex Allergy Yes No						Prescriber NPI			
Sex	Male	Female	Weight (kg)		Height (ft.in)		Nurse/Key Contact		Phone/Pager
Insurance Plan			Plan ID #			Fax		Email	

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Active TB is ruled out: Yes No Date of negative TB test: ____/____/____					
Concomitant medications: _____					
Previous treatment regimens with dates and reason for discontinuation: _____					

Prescription Information				
MEDICATION		DOSE/STRENGTH/DIRECTIONS FOR USE	QTY	REFILLS
Otezla® 28-day starter pack Tablets		Titration dose: Take as directed per package instructions	55 tablets	0
		Bridge dose: Take 30mg by mouth once daily Bridge dose: Take 30mg by mouth twice daily	28	_____
		Maintenance dose: Take 30mg by mouth once daily Maintenance dose: Take 30mg by mouth twice daily	30-day supply	_____
Remicade® Weight ____kg Biosimilars: Inflixtra® Renflexis®	Vial	Starter dose: 5mg/kg (____mg) IV at weeks 0, 2 and 6	QS	0
		Maintenance dose: 5mg/kg(____mg) IV every 8 weeks	56 day	_____
Siliq®	PFS	Starter dose: Inject 210mg SC on weeks 0, 1 and 2, inject 210mg SC every 2 weeks thereafter	4 x 210mg/1.5ml	0
		Maintenance dose: Inject 210mg SC every 2 weeks	2 x 210mg/1.5ml	_____
Simponi®	SmartJect Autoinjector PFS	Inject 50mg SC once a month	1 x 50mg/0.5ml	_____
Stelara® Weight ____kg	PFS	Starter dose: Inject 45mg SC on Day 1 (≤100 kg) Starter dose: Inject 90mg SC on Day 1 (>100 kg)	1 x 45mg/0.5ml 1 x 90mg/ml	0
		Maintenance dose: Inject 45mg SC on Day 29 and every 12 weeks thereafter (≤100 kg) Maintenance dose: Inject 90mg SC on Day 29 and every 12 weeks thereafter (>100 kg)	1 x 45mg/0.5ml 1 x 90mg/ml	_____
Taltz®	Autoinjector PFS	Starter dose: Inject 160mg (2 x 80mg) SC at week 0, then inject 80mg SC at week 2	3 x 80mg/ml	0
	Autoinjector PFS	Starter dose: Inject 80mg SC at week 4 and every 2 weeks thereafter through week 10	4 x 80mg/ml	0
	Autoinjector PFS	Maintenance dose: Inject 80mg SC at week 12 and every 4 weeks thereafter	1 x 80mg/ml	_____
Tremfya®	PFS	Starter dose: Inject 100mg SC at week 0, then 100mg at week 4 and every 8 weeks thereafter	2 x 100mg/ml	0
		Maintenance dose: Inject 100mg SC every 8 weeks	1 x 100mg/ml	_____

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DISPENSE AS WRITTEN/Do Not Substitute (date)

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