



STAR CARE PHARMACY

"The First Wealth is Health"

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DERMATOLOGY REFERRAL FORM

Date: _____ Attn: _____

Ship to Patient Physician Office Nurse/Training

Patient Name _____
 Address _____ Suite# _____
 City _____ State _____ Zip _____
 Home Tel _____ Work Tel _____
 Cell _____ Email _____
 Date of Birth _____ SS# _____
 Male Female Weight _____ Height _____

Prescriber's Name _____
 License# _____ DEA# _____
 NPI# _____ UPIN# _____
 Practice Name _____
 Office Contact _____
 Address _____ Suite# _____
 City _____ State _____ Zip _____
 Tel _____ Fax _____

Insurance Information (Complete or attach copies of cards)

Primary Insurance: _____ Insured's Name: _____
 ID#: _____ City: _____ State: _____ Phone: () _____ - _____
 Group #: _____ Employer: _____

Diagnostic & Clinical Information

ICD-10 Diagnosis Code: L40.59 Psoriatic Arthritis L40.8 Psoriasis Other _____
 PPD (TB Test) Yes No Date _____ Does patient have latex allergy (for Enbrel)? Yes No
 _____% BSA (body surface area) affected by Psoriasis Weight _____ lb or _____ Kg
 Methotrexate contraindicated: Due to social activities? Yes No Because patient is of child bearing age? Yes No
 Previously treated for this condition? Yes No Please indicate failed medication(s) _____

Prescription

OTEZLA®

Titration Starter Pack SIG: Take as directed QTY 55 for 28 days
 Maintenance: 30 mg SIG: Take 30mg 2x a day QTY 60 Refills _____

REMICADE® 100mg Vial

Induction Dose: Infuse 5mg/kg in 250mL of 0.9% NaCl at week 0, week 2, week 6, and every 8 weeks thereafter
 Maintenance Dose: Infuse 5mg/kg in 250ml of 0.9% NaCl every 8 wks
 Other: _____
 QTY: _____ # of vials Refill _____

STELARA™ 45mg/0.5ml single-use glass vial

For patients weighing <100kg (220lbs) Inject 45mg SC initially and 4 weeks later, followed by 45mg every 12 weeks.
 For patients weighing > 100kg (220lbs): Inject 90mg (two 45mg vials) SC initially and 4 weeks later, followed by 90 mg every 12 weeks
 Other: _____
 QTY: _____ Refill _____

HUMIRA® (adalimumab) Patient weight (kg) _____

Dose: 40mg/0.8mL PFS 40mg/0.8mL PEN
 Psoriasis Starter Pkg

Dispense:

Psoriasis Induction Dose: Inject two mg pens/syringes SC on day 1, then one 40mg pen/syringe on day 8, then one 40mg pen every other week
 Psoriasis Maintenance Dose: Inject one 40mg pen/syringe SC every other week
 Psoriatic Arthritis Dose: Inject one 40mg pen/syringe SC every other week
 Other _____
 Quantity: 1 Refill: 0

COSENTYX

Starting Dose Sensoready® Pen Prefilled Syringe

Weeks 0, 1, 2, 3, and 4, then once every 4 weeks
 SIG: Inject 300 mg dose SQ once weekly for 5 weeks
 Each 300 mg dose is given as 2 SQ injections of 150 mg
 QTY: 10 injection devices Refills: 0

Maintenance Supply Sensoready® Pen Prefilled Syringe

Once every 4 weeks
 SIG: Inject 300 mg dose SQ once every 4 weeks
 Each 300 mg dose is given as 2 SQ injections of 150 mg
 Other: _____
 1 Month 2 Months 3 Months
 QTY: _____ Refills: _____

ENBREL® (etanercept)

Qty _____ Refill _____

SureClick™ Autoinjector 50mg Prefilled Syringe 50mg
 Multiuse Vial 25mg Prefilled Syringe 25mg/0.5ml

Dispense:

Psoriasis Induction Dose: Inject 50mg SC TWICE a week (3-4 days apart) for 3 months, then maintenance dosing.
 Psoriasis Maintenance Dose: Inject 50mg SC ONCE a week
 Psoriasis Arthritis Dose: Inject 50mg SC ONCE a week
 Other _____

SIMPONI™ SmartJect™ Autoinjector PFS 50mg/0.5mL

Starter dose: 200mg SC at week 0, then 100mg SC at week 2 QTY: 3 (100 mg/mL)
 Maintenance:
 100mg SC every 4 weeks QTY: 1 (100 mg/mL)
 50mg SC every 4 weeks QTY: 1 (50 mg/0.5mL)
 Psoriasis Arthritis Dose: Inject 50 mg (0.5ml) SC once a month
 Other: _____
 QTY: _____ Refill _____

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

IMPORTANT NOTICE: This Facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.