PSORIASIS REFERRAL FORM

V-Care Pharmacy
Specialty + Medical & Surgical Supplies
151 Cochituate Rd | Framingham, MA 01701
Ph 508.202.9993 | Fx 508.202.9343

Today's Date

☐ NEW PATIENT ☐ CURRENT PATIENT

Patient Name First Name Middle Name Last Name DOB Weight ☐ Male ☐ Female

Street Address Apt # City State Zip

Daytime Tel Evening Tel Cell Email

Ship to Patient at ☐ Home ☐ Work **OR** Patient will pick up at ☐ Physician Office ☐ V-Care Pharmacy Date Needed

Diagnosis ☐ L40.8 Psoriasis ☐ Other Location ☐ Scalp ☐ Groin ☐ Nails Other Allergies

Severity ☐ Mild (<3% BSA) ☐ Moderate (3-10% BSA) ☐ Severe (>10% BSA) Patient currently on therapy? ☐ Yes ☐ No PPD Test ☐ Yes ☐ No Results

Insured's Name Relation to Patient Eligible for Medicare ☐ Yes ☐ No If yes, Medicare#

Prescription Card ☐ Yes ☐ No If Yes, Carrier Tel Fax Policy/Group#

Bin# Pcn# RXID# RX Group#

Prescriber's Name Office Contact

Street Address Suite # City State Zip

Tel Fax Email

License# NPI# UPIN# DEA#

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

ENBREL 50 mg/ml *not to be used in pediatric weighing less than 63 kg (138 lbs)*
☐ SureClick (prefilled autoinjector) ☐ Enbrel Mini™/AutoTouch ☐ Prefilled Syringe
Starting Dose: ☐ 50 mg subcutaneous BIW *(72-96 hours apart)* QTY: 8 Refills:
*Psoriasis: The recommended starting adult dose is for 3 months | *(Maximum of 2 refills), please specify number of refills*
Maintenance Dose: ☐ 50 mg subcutaneously weekly QTY: 4 Refills:

ENBREL 25 mg/ml *not to be used in pediatric weighing less than 31 kg (68 lbs)*
☐ 25 mg/0.5 ml PFS (Prefilled Syringes) ☐ 25 mg Multiple-Use ☐ Vial 25 mg SQ BIW *(72-96 hours apart)*
SIG: QTY: 8 Refills:

STELARA
Starting Dose: ☐ 45 mg ☐ 90 mg subcutaneously initially and 4 weeks later QTY: 2
Maintenance Dose: ☐ 45 mg ☐ 90 mg subcutaneously every 12 weeks QTY: Refills:

HUMIRA *PSORIASIS*
Starting Dose: ☐ Inject two 40 mg pens/syringes SQ on day 1, then one 40 mg on day 8, then one 40 mg every other week QTY: 4 NO REFILLS
Maintenance Dose: ☐ 40 mg subcutaneously every other week QTY: 2 Refills:

HUMIRA *HIDRADENITIS SUPPURATIVA*
Starting Dose: ☐ Inject 160 mg (4 pens) on day 1, then inject 80 mg (2 pens) on day 15
QTY: Refills:
Maintenance Dose: ☐ Inject 40 mg subcutaneously every week QTY: Refills:

TREMFYA Prefilled Syringe 100mg/mL QTY: Refills:
☐ **Starting Dose:** 100 mg subcutaneous injection at week 0 and week 4
☐ **Maintenance Dose:** 100 mg subcutaneous injection given every 8 weeks thereafter

SILIQ Prefilled Syringe 210mg/1.5 mL
☐ **Starting Dose:** Inject 210 mg subcutaneously at weeks 0, 1 and 2 then maintenance QTY: 3
☐ **Maintenance Dose:** Inject 210 mg subcutaneously every 2 weeks QTY: Refills:

TALTZ 80mg/mL *PSORIASIS* ☐ Autoinjector ☐ Prefilled Syringe
Starting Dose: ☐ Inject 160mg subcutaneously on Day 1 QTY: 2 pens Refills: 0
Induction Dose: ☐ Inject 80 mg subcutaneously starting wk 2 & every 2 wks through wk 12 QTY: 6 pens Refills: 0
Maintenance Dose: ☐ Inject 80mg subcutaneously every 4 weeks QTY: 1 pen Refills:

TALTZ 80mg/mL *PSORIATIC ARTHRITIS* ☐ Autoinjector ☐ Prefilled Syringe
Starting Dose: ☐ Inject 160 mg subcutaneously at week 0 QTY: 2 Refills: 0
Maintenance: ☐ Inject 80 mg subcutaneously every 4 weeks QTY: Refills:

OTEZLA® ☐ 28 day Titration Starter Pack ☐ Tablets
☐ Take as directed *Can only be selected for the Titration Starter Pack* QTY: 55 Refills:
☐ Take 30 mg once daily QTY: 30 Refills:
☐ Take 30 mg twice daily QTY: 60 Refills:

DUPIXENT® Prefilled Syringe 300mg/2mL QTY: Refills:
☐ **Starting Dose:** 600 mg (two 300 mg injections in different injection sites)
☐ **Maintenance Dose:** 300 mg given every other week

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

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

Please fax completed referral form to **V-Care Pharmacy & Surgical Supplies** at **508.202.9343** Visit us at **WWW.MYVCAREPHARMACY.COM** for online fillable forms.