

## Dermatology Referral Form

Please complete the following and fax with clinical documentation  
 to: 720.870.2414

### Referral Process

#### 1. PATIENT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Gender:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

#### 2. PHYSICIAN INFORMATION

Physician's name: \_\_\_\_\_  
 License #: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 DEA #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### 3. DIAGNOSIS

- Plaque Psoriasis (L41.4)
- Psoriatic Arthritis (L40.50)
- Atopic Dermatitis (L20.9)
- Pemphigus Vulgaris (PV) (L10.0)
- Other: \_\_\_\_\_

TB Test  No  Yes | If yes, result:  
 Positive  Negative  
 Hepatitis Test  No  Yes | If yes, result:  
 Positive  Negative  
 % BSA Affected: \_\_\_\_\_

#### 4. INSURANCE INFORMATION

Please submit copies of the front and back of primary and secondary insurance cards with this referral.

#### 5. PRESCRIPTION INFORMATION (Medication, Dosage, Duration, Pre-Medication)

- Avsola<sup>®</sup>**
  - Loading dose: 5 mg/kg IV @ 0, 2 and 6 weeks  Infuse in NS 250ml over 2 hours as directed
  - Maintenance: 5 mg/kg IV every 8 weeks. Refills x \_\_\_\_\_ Months.
- Cimzia<sup>®</sup> 200 mg single dose vial or 200 mg/ml prefilled syringe**
  - Psoriatic Arthritis**
    - Loading dose: Inject 400 mg SC initially and at weeks 2 and 4
    - Maintenance: Inject 200 mg every 2 weeks. # of Refills \_\_\_\_\_
    - Maintenance: Inject 400 mg every 4 weeks. # of Refills \_\_\_\_\_
  - Plaque Psoriasis**
    - Inject 400 mg SC every other week. # of Refills \_\_\_\_\_
    - For some patients ( $\leq 90$ kg) a dose of 400 mg initially and at weeks 2 and 4, followed by 200 mg every other week may be considered. # of Refills \_\_\_\_\_
- Dupixent<sup>®</sup> 200 mg/1.14 ml prefilled syringe**
  - Adolescents (less than 60 kg):  
Initial dose of 400 mg (two 200 mg injections) subcutaneously followed by 200 mg every other week  
OR
  - Adults and adolescents (60 kg or more):
- Dupixent<sup>®</sup> 300 mg/2 ml prefilled syringe**  
Initial dose of 600 mg (two 300 mg injections) subcutaneously followed by 300 mg every other week
- Enbrel<sup>®</sup>**
  - 25 mg prefilled syringe  50 mg prefilled syringe  25 mg multi-use vial  50 mg Sureclick<sup>®</sup>
  - Inject 50 mg SC once per week  Inject 50 mg SC twice per week x three months, then 50 mg once per week
  - Inject \_\_\_\_\_ mg SC \_\_\_\_\_ times per week. Refills x \_\_\_\_\_ Months.
- Humira<sup>®</sup>**
  - 40 mg/0.8ml prefilled syringe  40 mg/0.8ml Pens
  - Loading dose: Inject 80 mg SC initial dose, followed by 40 mg every other week starting one week after initial dose
  - Maintenance: Inject 40 mg SC every other week. Maintenance Dose. Refills x \_\_\_\_\_ Months.

## Dermatology Referral Form, continued

 **Inflectra®**

- Loading dose: 5 mg/kg @ 0, 2 and 6 weeks  Infuse in NS 250ml over 2 hours as directed
- Maintenance: 5 mg/kg q 8 week Maintenance Dose. Refills x \_\_\_\_\_ Months.

 **Ilumya® 100 mg/ml prefilled syringe**

- Loading dose: Inject 100 mg SC at weeks 0 and week 4
- Maintenance: Inject 100 mg SC every 12 weeks thereafter. # of Refills \_\_\_\_\_

 **Orencia® 250 mg single dose vial (for IV infusion)**

- Initial dose: Infuse \_\_\_\_\_ mg IV over 30 minutes in 100 mls 0.9% Sodium Chloride, at weeks 0, 2 and 4
- Maintenance dose: Infuse \_\_\_\_\_ mg IV over 30 minutes in 100 mls 0.9% Sodium Chloride every 4 weeks. # of Refills \_\_\_\_\_

 **Orencia® prefilled syringes 125 mg/ml (for SC injection)** Inject 125 mg/1 ml SC once weekly. # of Refills \_\_\_\_\_

 **Otezla®** 30 mg orally twice daily starting on day 6. Initial dosage titration from day 1 or day 5 as follows:

- Day 1 - AM: 10 mg; Day 2 - AM: 10 mg and PM: 10 mg; Day 3 - AM: 10 mg and PM: 20 mg;
- Day 4 - AM: 20 mg and PM: 20 mg; Day 5 - AM: 20 mg and PM: 30 mg. # of Refills \_\_\_\_\_

 **Remicade®**

- Loading dose: 5 mg/kg @ 0, 2 and 6 weeks  Infuse in NS 250ml over 2 hours as directed
- Maintenance: 5 mg/kg q 8 week Maintenance Dose. Refills x \_\_\_\_\_ Months.

 **Renflexis®**

- Loading dose: 5 mg/kg @ 0, 2 and 6 weeks  Infuse in NS 250ml over 2 hours as directed
- Maintenance: 5 mg/kg q 8 week Maintenance Dose. Refills x \_\_\_\_\_ Months.

 **Rituxan®**

- Administer Rituxan as two 1,000 mg intravenous infusions separated by 2 weeks in combination with a tapering course of glucocorticoids.

*Maintenance treatment:*

- Administer Rituxan as a 500 mg intravenous infusion at month 12 and every 6 months (time period between infusions may vary based on clinical evaluation\*. Secure new physician order prior to each subsequent dose).

*Treatment of relapse:*

- Administer Rituxan as a 1,000 mg intravenous infusion on relapse\*, and consider resuming or increasing the glucocorticoid dose based on clinical evaluation.
- Dilute to a final concentration of 1 mg/ml to 4 mg/ml in either 0.9% Sodium Chloride or 5% Dextrose Injection

\*Subsequent infusions of Rituxan may be administered no sooner than 16 weeks following the previous infusion.

*Pre-medicate with:*

- Methylprednisolone 100 mg intravenous 30 minutes prior to each infusion
- Other Glucocorticoid: \_\_\_\_\_

 **Simponi® 50 mg / 0.5 ml single-dose prefilled syringe**

- Inject 50 mg SC once monthly. Refills x \_\_\_\_\_ Months.

 **Stelara®**
 **45 mg prefilled syringe**

- Loading dose: Inject 45 mg SC at week 0 and week 4
- Maintenance: Inject 45 mg SC every 12 weeks thereafter. Refills x \_\_\_\_\_ Months.

 **90 mg prefilled syringe**

- Loading dose: Inject 90 mg SC at week 0 and week 4
- Maintenance: Inject 90 mg SC every 12 weeks thereafter. Refills x \_\_\_\_\_ Months.

 **Nursing Orders:**

- Administer Stelara by subcutaneous injection
- Loading Dose: Week 0 Date to initiate therapy: \_\_\_\_\_
- Loading Dose: Week 4
- Maintenance Dose: Q12 weeks from date of last injection

## Dermatology Referral Form, continued

**Taltz® 80 mg/ml prefilled syringe**

**Psoriatic Arthritis.**

Initial dose: Inject 160 mg (two 80 mg injections) SC

Maintenance dose: Inject 80 mg SC every 4 weeks. # of Refills \_\_\_\_\_

**Plaque Psoriasis:**

Initial dosing: Inject 160 mg (two 80 mg injections) SC followed by 80 mg at weeks 2, 4, 6, 8, 10, and 12

Maintenance dose: Inject 80 mg SC every 4 weeks. # of Refills \_\_\_\_\_

**Tremfya® 100 mg/ml prefilled syringe**

Initial dose: Inject 100 mg SC at week 0 and 4.

Maintenance dose: Inject 100 mg SC every 8 weeks. # of Refills \_\_\_\_\_

### 6. FLUSH ORDERS

**PIV/midline/PICC:** Flush before, after each infusion, and as needed with 3-20 ml NS, followed by Heparin 2-5 ml if indicated

Heparin 10 unit/ml       Heparin 100 unit/ml

**Port:** Flush before, after each infusion, and as needed with 5-20 ml NS, followed by:

Heparin 100 unit/ml 5 ml for adults       Heparin 10 unit/ml 5 ml for pediatrics

### 7. ANAPHYLAXIS ORDERS

**Adults:** For mild reaction-administer diphenhydramine 50mg IVP/PO x 1.

For severe reactions-administer epinephrine 0.3mg SubQ/IM x 1. May repeat x1 if needed. Contact 911 and monitor vital signs.

**Pediatrics:** administer by age: *For mild reaction (rash/hives) give diphenhydramine*

**Age 1-5:** 12.5mg IV/PO x1      **Age 6-11:** 25mg IV/PO x1      **Age 12+:** 50mg IV/PO x1

*For severe reaction (airway closure) administer epinephrine. 0.01mg/kg/dose (max 0.3mg) SubQ/IM x 1.*

If needed, repeat a second dose after 5-10 minutes for a maximum of two doses. Contact 911 and monitor vital signs.

Other: \_\_\_\_\_

### 8. Dispense as written    Substitution Permitted

**PHYSICIAN'S SIGNATURE (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Prescription is valid for one year unless otherwise indicated.

The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber.