

# DERMATOLOGY REFERRAL FORM

## PATIENT INFORMATION

|               |       |        |        |         |             |
|---------------|-------|--------|--------|---------|-------------|
| Patient Name: |       | SSN:   |        | DOB:    |             |
| Address:      |       | City:  | State: | Zip:    |             |
| Home Phone:   | Cell: | Email: |        | Gender: | Male Female |

## INSURANCE INFORMATION (or attach copy of the cards)

|                      |                |               |           |          |
|----------------------|----------------|---------------|-----------|----------|
| Primary Insurance:   | Policy Holder: | Relationship: | Policy #: | Group #: |
| Secondary Insurance: | Policy Holder: | Relationship: | Policy #: | Group #: |

## CLINICAL INFORMATION

Primary Diagnosis:  Moderate to Severe Plaque Psoriasis  Psoriatic Arthritis  Hidradenitis Suppurativa  Atopic Dermatitis  Other: \_\_\_\_\_ Diagnosis Code(ICD-10): \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ TB Test Completed On: \_\_\_\_\_ BSA: \_\_\_\_\_ Latex Allergy: Y N

## PRESCRIPTION INFORMATION (for IV medication attach a copy of the prescription)

|  |  |  |
|--|--|--|
| <p><b>ADBRY™</b> (<i>tralokinumab-ldrm</i>) 150 mg Prefilled Syringe<br/> <input type="checkbox"/> Induction: Inject 600 mg (4x150mg) SubQ<br/> <b>Qty:</b> 4 <b>Refills:</b> None<br/> <b>Maintenance:</b><br/> <input type="checkbox"/> Inject 300 mg (2 x 150mg) SubQ every other week<br/> <input type="checkbox"/> Inject 300 mg (2 x 150mg) SubQ every 4 weeks<br/> <input type="checkbox"/> <b>ADBRY™ Bridge Care™</b> Program:<br/>         Inject 300 mg (2x 150mg) SubQ every other week starting on Day 15<br/> <b>Qty:</b> _____ <b>Refills:</b> _____</p> <p><b>CIBINQO™</b> (abrocitinib) Tablet<br/> <input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 200 mg<br/>         mg PO once daily<br/> <b>Qty:</b> _____ <b>Refills:</b> _____</p> <p><b>Cimzia™</b> (<i>certolizumab pegol</i>) Prefilled Syringe<br/> <input type="checkbox"/> Induction: Inject 2 x 200 mg/ml SubQ at week 0, 2 and 4<br/> <b>Qty:</b> 6 syringes <b>Refills:</b> 0<br/> <b>Maintenance:</b><br/> <input type="checkbox"/> 2 x 200 mg SubQ every 4 weeks<br/> <input type="checkbox"/> 2 x 200 mg SubQ every 2 weeks<br/> <input type="checkbox"/> 200 mg SubQ every 2 weeks<br/> <b>Qty:</b> 28 days <b>Refills:</b> _____</p> <p><b>COSENTYX®</b> (<i>secukinumab</i>)<br/> <input type="checkbox"/> 150 mg Sensoready® Pen Kit<br/> <input type="checkbox"/> 75 mg Prefilled Syringe Kit <input type="checkbox"/> 150 mg Prefilled Syringe Kit<br/> <b>Induction:</b><br/> <input type="checkbox"/> Inject 300 mg (2 x 150 mg/ml) SubQ week 0, 1, 2, 3, 4<br/> <b>Qty:</b> 10 <b>Refills:</b> 0<br/> <input type="checkbox"/> Inject 150 mg SubQ week 0, 1, 2, 3, 4<br/> <b>Qty:</b> 5 <b>Refills:</b> _____<br/> <b>Maintenance:</b><br/> <input type="checkbox"/> Inject 300 mg SubQ every 4 weeks<br/> <input type="checkbox"/> Inject 150 mg SubQ every 4 weeks<br/> <b>Qty:</b> 28 days <b>Refills:</b> _____<br/> <input type="checkbox"/> <b>Bridge*</b></p> <p><b>DUPIXENT®</b> (<i>dupilumab</i>) <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Pen<br/> <input type="checkbox"/> Induction: Inject 2 x 300 mg (600 mg) SubQ Day 1<br/> <b>Qty:</b> 2 for 14 days <b>Refills:</b> None<br/> <input type="checkbox"/> <b>Maintenance:</b> Inject 300 mg SubQ every other week<br/> <b>Qty:</b> 2 for 28 days <b>Refills:</b> _____</p> <p><b>ENBREL®</b> (<i>etanercept</i>)<br/> <input type="checkbox"/> Mini Cartridge <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Autoinjector <input type="checkbox"/> Vial<br/> <input type="checkbox"/> Induction: Inject (50 mg) SubQ twice weekly for three months<br/> <b>Qty:</b> 8 <b>Refills:</b> 2<br/> <b>Maintenance:</b><br/> <input type="checkbox"/> 50 mg <input type="checkbox"/> 25 mg<br/> <input type="checkbox"/> Once weekly SubQ <input type="checkbox"/> Twice weekly SubQ<br/> <b>Qty:</b> <input type="checkbox"/> 8 <input type="checkbox"/> 4 <b>Refills:</b> _____</p> | <p><b>HUMIRA®</b> (<i>adalimumab</i>)<br/> <input type="checkbox"/> Pen <input type="checkbox"/> Prefilled Syringe<br/> <input type="checkbox"/> Citrate Free(CF) <input type="checkbox"/> Original Formula<br/> <b>Hidradenitis Suppurativa Starter:</b><br/> <input type="checkbox"/> 160 mg SubQ day 1/ 80 mg SubQ day 15<br/> <input type="checkbox"/> 80 mg SubQ day 1/ 80 mg SubQ day 2/ 80 mg SubQ day 15<br/> <input type="checkbox"/> <b>Psoriasis Starter:</b><br/>         80 mg SubQ day 1, 40 mg SubQ day 8, 40 mg SubQ day 22<br/> <b>Qty:</b> 1 Pack <b>Refills:</b> 0<br/> <input type="checkbox"/> <b>Hidradenitis Suppurativa Maintenance:</b><br/> <input type="checkbox"/> 40 mg SubQ once weekly, beginning day 29<br/> <input type="checkbox"/> 80 mg SubQ every other week, beginning day 29<br/> <input type="checkbox"/> <b>Psoriasis Maintenance:</b><br/>         40 mg SubQ every other week<br/> <b>Qty:</b> 28 days <b>Refills:</b> _____</p> <p><b>INFLECTRA®</b> (<i>infliximab-dyyb</i>) 100 mg vials<br/> <input type="checkbox"/> 3 mg/ kg <input type="checkbox"/> 5 mg/ kg <input type="checkbox"/> 10 mg/ kg<br/> <input type="checkbox"/> Induction: Give dose as an IV infusion at 0, 2, and 6 weeks<br/> <b>Qty:</b> _____ <b>Refills:</b> 2<br/> <input type="checkbox"/> <b>Maintenance:</b> Give dose as an IV infusion every ___ weeks<br/> <b>Qty:</b> _____ <b>Refills:</b> 2</p> <p><b>ILUMYA™</b> (<i>tildrakizumab-asmn</i>) Prefilled Syringe<br/> <input type="checkbox"/> Induction: Inject 100 mg/ml SubQ at weeks 0 and 4<br/> <b>Qty:</b> 2 <b>Refills:</b> None<br/> <input type="checkbox"/> <b>Maintenance:</b> Inject 100 mg/ml SubQ every 12 weeks<br/> <b>Qty:</b> _____ <b>Refills:</b> _____</p> <p><b>OTEZLA®</b> (<i>apremilast</i>)<br/> <input type="checkbox"/> <b>Titration Pack:</b><br/>         PO as directed per package instructions<br/> <b>Qty:</b> 1 Pack <b>Refills:</b> 0<br/> <input type="checkbox"/> <b>Bridge Pack:</b><br/>         PO as directed per package instructions<br/> <b>Qty:</b> 1 Pack <b>Refills:</b> _____<br/> <input type="checkbox"/> <b>Maintenance:</b> (30 mg) by mouth twice daily<br/> <b>Qty:</b> 30 days <b>Refills:</b> _____</p> <p><b>REMICADE®</b> (<i>infliximab-dyyb</i>) 100 mg vials<br/> <input type="checkbox"/> Induction: 5 mg/kg as an IV infusion at 0, 2, and 6 weeks<br/> <b>Qty:</b> 1 dose <b>Refills:</b> 2<br/> <input type="checkbox"/> <b>Maintenance:</b> 5 mg/ kg as an IV infusion every 8 weeks<br/> <b>Qty:</b> _____ <b>Refills:</b> _____</p> <p><b>RINVOQ®</b> (<i>upadacitinib</i>) extended-release tablets<br/> <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg<br/>         Once daily PO with or without food<br/> <b>Qty:</b> _____ <b>Refills:</b> _____</p> <p><b>SIMPONI®</b> (<i>golimumab</i>)<br/> <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Autoinjector<br/> <input type="checkbox"/> Inject 50 mg SubQ once a month<br/> <b>Qty:</b> 1 <b>Refills:</b> _____</p> | <p><b>SILIQ®</b> (<i>brodalumab</i>) Prefilled Syringe<br/> <input type="checkbox"/> Induction: Inject 210 mg SubQ weeks 0 and 1<br/> <b>Qty:</b> 2 <b>Refills:</b> 0<br/> <input type="checkbox"/> <b>Maintenance:</b> Starting at Week 2 of therapy, inject 210 mg SubQ every two weeks<br/> <b>Qty:</b> 2 <b>Refills:</b> _____</p> <p><b>SKYRIZI™</b> (<i>risankizumab-rzaa</i>)<br/> <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Pen<br/> <input type="checkbox"/> Inject 150 mg (1 injection) SubQ at Week 0, Week 4, and every 12 weeks thereafter.<br/> <b>Qty:</b> 2 syringes <b>Refills:</b> _____</p> <p><b>STELARA®</b> (<i>ustekinumab</i>)<br/> <input type="checkbox"/> 45 mg Prefilled Syringe <input type="checkbox"/> 90 mg Prefilled Syringe<br/> <input type="checkbox"/> Induction:<br/>         Inject contents of 1 syringe SubQ on day 0 and day 28<br/> <b>Qty:</b> 1 syringe <b>Refills:</b> 1<br/> <input type="checkbox"/> <b>Maintenance:</b><br/>         Inject contents of 1 syringe SubQ every 12 weeks<br/> <b>Qty:</b> 1 syringe <b>Refills:</b> _____</p> <p><b>TALTZ®</b> (<i>ixekizumab</i>) <input type="checkbox"/> Autoinjector <input type="checkbox"/> Prefilled Syringe<br/> <input type="checkbox"/> <b>Psoriasis Induction:</b> Inject 160 mg (2 x 80 mg) SubQ at week 0; Inject 80 mg at weeks 2, 4, 6, 8, 10, 12<br/> <b>Qty:</b> 8 <b>Refills:</b> 0<br/> <input type="checkbox"/> <b>Psoriatic Arthritis Induction:</b> Inject 160 mg (2 x 80 mg) SubQ at week 0<br/> <b>Qty:</b> 2 <b>Refills:</b> 0<br/> <input type="checkbox"/> <b>Maintenance:</b> 80 mg SubQ every 4 weeks<br/> <b>Qty:</b> 1 <b>Refills:</b> _____</p> <p><b>TREMFYA®</b> (<i>guselkumab</i>)<br/> <input type="checkbox"/> Prefilled Syringe <input type="checkbox"/> Autoinjector<br/> <input type="checkbox"/> Induction: Inject 100 mg SubQ weeks 0 and 4<br/> <b>Qty:</b> 1 <b>Refills:</b> 1<br/> <input type="checkbox"/> <b>Maintenance:</b> Inject 100 mg SubQ every 8 weeks<br/> <b>Qty:</b> 1 <b>Refills:</b> _____</p> <p><input type="checkbox"/> <b>OTHER</b></p> <p><b>STRENGTH:</b></p> <p><b>SIG/DIRECTIONS:</b></p> <p><b>QUANTITY:</b> <b>REFILLS:</b></p> |
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As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution.  Dispense as written

## PHYSICIAN INFORMATION

Injection Training:  Office to Instruct  SP to Arrange Teaching

|                  |          |   |
|------------------|----------|---|
| Prescriber Name: | Phone:   | Fax:  |
| Office Contact:  | Email:   |   |
| Address:         | Ship To: | <input type="checkbox"/> Patient <input type="checkbox"/> MD Office |
| NPI #:           | Tax ID#: |   |

Prescription Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature authorizes BioPlus Specialty Pharmacy Services, LLC, and their network of pharmacies, MedScripts Medical Pharmacy, River Medical Pharmacy, and Route 300 Pharmacy (the "BioPlus Pharmacies"), to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copy and financial assistance on behalf of your patients.  
 BioPlus Specialty Pharmacy 376 Northlake Blvd., Altamonte Springs, FL 32701  
 BioPlus Specialty Pharmacy 13925 Yale Ave, Suite 145, Irvine, CA 92620  
 BioPlus Specialty Pharmacy 1325 Miller Rd, Suite K, Greenville, SC 29607  
 River Medical Pharmacy 4752 Research Drive, San Antonio, TX 78240  
 Route 300 Pharmacy 1208 Route 300 Suite 103, Newburgh, NY 12550

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