Dermatology Referral Form
Please fax to:
866.279.3315

Patient Name:	Primary Ins:
DOB: SSN:	BinRx/PCN#:
Address:	ID#: Group#:
City/ST/Zip:	Phone#:
Phone#:	Secondary Ins:
Emergency contact#	Sex: M F
Diagnosis: ICD-10:	Height: Weight: Allergies:
TB/PPD: ____Positive ____Negative	% Body Surface Area Affected:

Previous treatment with: ____Topicals ____UV/UVB ____Corticosteroid ____Methotrexate ____5-ASA ____6-MP ____DMARD ___NSAIDS ____Azathioprine ____Remicade ____Other Biologics Dates of Therapy:_____ Reason for Discontinuation:_____

HUMIRA			
❒ Psoriasis Starter Kit	❒ Inject 2 - 40mg (80mg) on Day 1, then 40mg on Day 8 and Day 22		_____QTY _____REFILLS
Hidradenitis Suppurativa ❒ 40mg PEN ❒ 40mg PFS	❒ **Initial Dose for Hidradenitis Suppurativa**: ❍Inject 4-40mg (160mg) on Day 1 **OR** ❍Inject 2-40 mg (80mg) on Day 1 and Day 2 and then Inject 2-40mg (80mg) on Day 15		_____QTY _____REFILLS
	❒ **Maintenance Dose for Hidradenitis Suppurativa**: Inject 1-40mg on Day 29 and every week thereafter		_____QTY _____REFILLS
❒ 40mg PEN ❒ 40mg PFS	❒ Inject 40mg subq every OTHER week	❒ Inject 40mg subq ONCE a week	_____QTY _____REFILLS
ENBREL			
❒ 25mg PFS ❒ 50mg PFS ❒ 25mg vial ❒ 50mg Sureclick	❒ **Initial Dose:** inject 50mg subq twice weekly for three months		8 QTY 2 REFILLS
	❒ Inject 50mg subq once weekly	❒ _____	_____QTY _____REFILLS
STELARA			
❒ 45mg PFS ❒ 90mg PFS ❒ 45mg vial ❒ 90mg vial	**Initial Dose** ❒ for patients <100kg, inject 45mg subq at weeks 0 and 4 ❒ for patients >100kg, inject 90mg subq at weeks 0 and 4		2 QTY 0 REFILLS
	Maintenance Dose ❒ Inject _____mg every 12 weeks		_____QTY _____REFILLS
OTEZLA			
❒ Otezla	❒ Starter Pack		1 QTY 0 REFILLS
	❒ 30mg tablet twice daily		_____QTY _____REFILLS
COSENTYX			
❒ 150 mg PFS ❒ 150 mg Sensoready PEN	**Initial Dose**: ❒ 150mg subq at Weeks 0, 1, 2, 3, and 4 ❒ 300mg subq at Weeks 0, 1, 2, 3, and 4		❒ 5 QTY 0 REFILLS ❒ 10 QTY 0 REFILLS
	Maintenance Dose: ❒ 150mg every 4 weeks ❒ 300mg every 4 weeks		_____QTY _____REFILLS
DUPIXENT			
❒ 300mg/2ml PFS	**Initial Dose**: ❒ 600mg subq (two 300mg injections in different injection sites), followed by 300 mg subq given every other week		❒ 2 QTY 0 REFILLS
	Maintenance Dose: ❒ Inject 300 mg subq every other week		❒ 2 QTY 0 REFILLS
TREMFYA			
❒ Tremfya	**Initial Dose**: ❒ 100mg subq at Week 0, and Week 4		2 QTY 0 REFILLS
	Maintenance Dose: ❒ 100mg every 8 weeks		_____QTY _____REFILLS

Deliver to: ___Patient's home ___MD's Office ___First dose to MD ___Physician Training in office

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

Physician Signature DAW Substitution Allowed: Date:

Physician Name:	Office Contact:	
Address:	Phone:	Fax:
City/St/Zip:	NPI:	DEA: