MedicoRx Specialty & HOME INFUSION PHARMACY

Psoriasis

REFERRAL FORM

Phone: 818-390-9696 Toll-free: 855-265-7850 ● Fax: 818-804-3492 Toll-free fax: 855-450-6717 ● info@MedicoRX.com

Patient information		Prescriber information	
Name:	**DOB:**	**Prescriber's Name:**	
Address: **City, State, Zip**		**NPI#**	
		DEA#	**License#**
Phone #	**Alt#**	**Address** **City, State, Zip**	
SSN:			
Height:	**Wt:**	**Phone #**	**Fax #**
Allergies:			
Emergency Contact/ Phone #		**Contact Person:**	

Clinical Considerations
Diagnosis (ICD 10) : □ L40 Psoriasis □ L40.52 Psoriatic Arthritis □ Other (please specify)_________________________________

Drug Name	Strength/Directions for use		Refills
Enbrel ®	□ 50mg/ml Auto injector □ 50mg/ml pre-filled syringe	□ Induction: Inject 50mg SC TWICE a week (72-96 hours apart) x 3 months □ Inject 50mg SC once a week	
Humira®	□ 40mg/0.8ml Pen	□ Start: 80mg day 1 , then 40mg one week later, then 40mg every other week thereafter	
Otezla®	□ Starter (Titration) Pak- take as directed x 14 □ Maintenance Dose -30mg twice daily by mouth		
Otrexup	□ 10mg/0.4ml □15mg/0.4ml □ 20mg/0.4ml □ 20mg/0.4ml □ 25mg/0.4ml	□ Inject SC weekly (Info: use lowest effective dose; give w/folic acid 1mg q doe leucovorin 5mg qwk; consider lower doses in elderly pts	
Stelara®	□ 45mg/0.5 ml pre-filled syringe □ 90 mg/ml pre-filled syringe	□ Initiation: inject the contents of 1 pre-filled syringe SC on day 1 □ Maintenance: inject the contents of 1 pre-filled syringe SC starting day 29 & every 12 weeks thereafter	
Taclonex®	□ 60mg topical suspension □ 120 gm topical suspension	□ Apply to affected areas once daily for up to 8 weeks	

By signing this form I authorize MedicoRX and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

____

Prescriber's signature (no stamps) if brand required check this □ DAW___ **Date**