KINGS CARE
PHARMACY | FARMACIA

FAX: 718-684-1598
TEL: 718-684-1595
info@kingscarespecialty.com
KINGSCARESPECIALTY.COM

DERMATOLOGY

REFERRAL FORM

PATIENT INFORMATION

Patient Name: DOB: Preferred Phone:

SSN#: Language: English Other

Address: Sex: Male Female Height: Weight: lbs kg

City: State: Zip: Known Allergies:

*** PLEASE FAX FRONT/BACK COPY OF PHARMACY BENEFIT CARD, MEDICAL INSURANCE CARD, NOTES, LABS & TESTS WITH THE PRESCRIPTION TO EXPEDITE PROCESSING ***

PRESCRIBER INFORMATION

Prescriber Name: DEA#: NPI#: Tax ID#:

Address: Phone: E-mail:

City: State: Zip: Key Contact: Phone: Fax:

STATUS UPDATE PREFERENCE: Phone Text Fax E-mail:

DIAGNOSIS/CLINICAL INFORMATION

Diagnosis: ICD-10 Code: Date of Diagnosis: OR Years With Disease

Medical Assessment (Within Last 12 Months): Psoriasis Severity: Moderate Moderate to Severe Severe
Psoriasis Type: Plaque Other (please specify)
Atopic Dermatitis

Patient Evaluation:

Has patient been diagnosed with Lymphoma? Yes No
Has patient been diagnosed with Heart Failure? Yes No
Which type of TB test has the patient received? PPD QFT-G Results:
Has Hepatitis B been ruled out or treatment been initiated? Yes No If NO, has treatment been initiated? Yes No
Does patient have a latex allergy? Yes No
Does patient have serious/active infection? Yes No
BSA % IGSA score
Is patient's platelet count >52,000 cell/uL? Yes No

PRIOR (FAILED) MEDICATION: MEDICATION REASONS FOR DISCONTINUATION
BIOLOGICS:
ORAL MEDS:
PUVA/ UVB:
TOPICALS/OTHER:

PRESCRIPTION INFORMATION

MEDICATION	DOSE/STRENGTH	SIG	QTY.	REFILLS
COSENTYX®	150 mg/mL Sensoready Autoinjector 150 mg/mL Prefilled Syringe	Psoriasis Induction Dose: Inject TWO 150 mg (300 mg) syringe/autoinjector SC ONCE weekly at weeks 0 through 4. Psoriasis Maintenance Dose (Beginning At Week 5): Inject TWO 150 mg (300 mg) syringe/autoinjector SC every 4 Weeks.		
DUPIXENT®	300 mg Single-dose Prefilled Syringe	Initial dose of 600 mg (two 300 mg injections in different injection sites) followed by 300 mg given every other week.		
ENBREL®	50 mg/mL Sureclick Autoinjector 50 mg/mL Prefilled Syringe 25 mg/0.5 mL Prefilled Syringe	Psoriasis Induction Dose: Inject 50 mg SC TWICE a week (3-4 days apart) for 3 months, then maintenance dosing. Psoriasis Maintenance Dose: Inject 50 mg SC ONCE a week. Other:		
HUMIRA®	HS Starter Package Psoriasis Starter Package 40 mg/0.8 mL Pen 40 mg/0.8 mL Prefilled Syringe	HS Induction Dose (option 1): Inject four 40 mg pen SC on day 1, then two 40 mg pen SC on day 15. HS Induction Dose (option 2): Inject two 40 mg pen on day 1 and two 40 mg pen SC on day 2 , then two 40 mg pen/syringes SC on day 15. HS Maintenance Dose (beginning on Day 29): Inject ONE 40 mg pen/syringe SC every week. Plaque psoriasis: SC: Initial: Inject 80 mg SC as a single dose Maintenance: Inject 40 mg pen/syringe SC every other week beginning 1 week after initial dose		
HUMIRA® Citrate Free	HS Starter Package Psoriasis Starter Package 40 mg/0.4 mL Pen 40 mg/0.4 mL Prefilled Syringe	HS Induction Dose: Inject two 80 mg pens SC on day 1, then one 80 mg pen on day 15. HS Induction Dose: Inject one 80 mg pen SC on day 1, one 80 mg pen SC on day 2, then one 80 mg pen on day 15. HS Maintenance Dose: Inject one 40 mg pen/syringe SC once a week. Plaque psoriasis: SC: Initial: 80 mg as a single dose on day 1 Maintenance: 40 mg every other week beginning 1 week after initial dose		
OTEZLA®	Starter RX 30 mg	Starter Pak - Use as directed. ONE tablet TWICE daily.		
REMICADE® Wt:	100 mg Vial	Psoriatic Arthritis Infuse 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks. Plaque Psoriasis Infuse 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks.		
SILIQ	Carton of two 210 mg/1.5 mL single-dose prefilled syringes	Inject ONE prefilled syringe (210 mg) SC at weeks 0, 1 and 2, followed by ONE prefilled syringe (210 mg) every 2 weeks.		
STELARA®	45 mg/0.5 mL Syringe 90 mg/mL Syringe	Starter dose patients weighing ≤100 kg (220 lbs): 45 mg SC at week 0 and week 4. Starter dose patients weighing >100 kg (220 lbs): 90 mg SC at week 0 and week 4. Maintenance dose patients weighing ≤100 kg (220 lbs): 45 mg SC every 12 weeks. Maintenance dose patients weighing >100 kg (220 lbs): 90 mg SC every 12 weeks. Other:		
TALTZ®	80 mg/mL Prefilled Autoinjector 80 mg/mL Prefilled Syringe	Starter dose: Inject 160 mg (TWO 80 mg injections) SC at week 0, then 80 mg every 2 weeks until week 12. Maintenance dose (after 12 weeks of therapy): Inject 80 mg SC every 4 weeks. Other:		
TREMFYA™	100 mg/mL Syringe	Inject 100 mg (ONE syringe) SC at Week 0, Week 4 and every 8 weeks thereafter.		

Date Medication Needed: Deliver To: Patient Home MD Office

Prescriber Signature: (Please sign and date below.)

Your signature authorizes Kings Care Pharmacy to act on your behalf to obtain prior authorization for the prescribed medications. We will also pursue available copay and financial assistance on behalf of your patients.

Substitution Permissible Date Dispense as written "DAW" Date

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

ACCREDITED Compounding Pharmacy
urac ACCREDITED