



@pfsprx #pfsprx

VERBAL ORDER FORM
DERMATOLOGY

Today's Date

Date Needed

398 W. Grand Avenue | Rahway, NJ 07065
Ph 844-527-9486 | Fx 866-285-7628

NPI# 1669881777 NABP# 3148839

info@pfsprx.com PFSPrx.com



Phone Order
Ship to Patient: Home Work
Ship to: Physician Office
Nurse / Training
PFSP Pharmacy

Patient Name, Address, Telephone, Allergies, Date of Birth, Male Female, Apt #, City, State, Zip, Email, SSN, Comorbidities

Primary Insurance, Insured's Name, City, State, Phone, ID#, Employer, Group #

ICD-10 Diagnosis Code, PPD (TB Test), % BSA (body surface area) affected by Psoriasis, Methotrexate contraindicated, Weight, Because patient is of child bearing age?

Table with columns: Medication, Strength, Duration of Treatment/Reason for Discontinuation, Oral Meds, Topical Meds, Phototherapy

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

SKYRIZI 150 mg/mL PFS PEN PLAQUE PSORIASIS
Start Dose: Inject 150mg subcutaneously at week 0, week 4
Maintenance Dose: Inject 150mg subcutaneously every 12 weeks thereafter

DUPIXENT 300mg/mL PFS 300mg/mL Pen Injector 200mg/1.14mL PFS ATOPIC DERMATITIS
Adolescents (< 60kg)
Adults (>= 60kg)

ILUMIYA 100mg/mL Prefilled Syringe
Start Dose: Initial dose of 100 mg SQ injection at week 0 and week 4
Maintenance Dose: 100 mg SQ injection given every 12 weeks thereafter

COSENTYX 150 mg Sensoready Pen 150 mg Prefilled Syringe
Start Dose: Weeks 0, 1, 2, 3, and 4, then once every 4 weeks
Maintenance Supply: Once every 4 weeks

HUMIRA and HUMIRA Citrate-Free
Adult Psoriasis/Adolescent HS (30kg to <60kg)
Adult HS Starter

CIMZIA 200mg/mL PFS 2-ct PFS 6-ct Starter Kit
Psoriasis Standard Dose: Inject 400mg SQ every other week
Psoriatic Arthritis

OTHER SIG QTY Refill

RINVOQ tablets 15mg 30mg
Atopic Dermatitis: 15mg once daily, may increase to 30mg once daily if inadequate response
Psoriatic Arthritis: 15mg once daily

TREMFYA Prefilled Syringe 100mg/mL One-Press Injector 100mg/mL
Start Dose: Initial dose of 100 mg SQ injection at week 0 and week 4
Maintenance Dose: 100 mg SQ injection given every 8 weeks thereafter

SILIQ 210mg/1.5 mL PFS
Induction Dose: Inject 210 mg of SILIQ at Weeks 0, 1, and 2 then maint.
Maintenance Dose: Inject 210 mg of SILIQ every 2 weeks

OTEZLA Prescriber provided Two-Week Starter Pack on
Start Dose: 28 Day Starter Pack
Maintenance Dose: 30mg twice daily (recommended) or 30mg daily (for severe renal impairment)

TALTZ 80mg Autoinjector Prefilled Syringe
Start Dose: Inject 160mg SQ at wk 0 followed by 80mg at wks 2,4,6,8,10 & 12
Maintenance Dose: Inject 80mg SQ every 4 weeks

SIMPONI SmartJect Autoinjector PFS 50mg/0.5mL
Psoriatic Arthritis Dose: Inject 50 mg (0.5ml) SQ once a month
Other: Inject 50mg SQ every 4 weeks

SIMPONIA 50mg/4ml (12.5mg/ml) in a single use vial
Dose: 2mg/kg intravenous infusion over 30 minutes at wks 0 & 4, then every 8 wks

RASUVO 10mg 12.5mg 15mg 17.5mg 20mg 22.5mg 25mg
Inject mg subcutaneously weekly
If applicable, enroll patient in CORE Connections

ENBREL (etanercept) SureClick Autoinjector 50mg Prefilled Syringe 50mg
Enbrel Mini/AutoTouch 50mg Multiuse Vial 25mg Prefilled Syringe 25mg/0.5ml
Dispense: Psoriasis Induction Dose: Inject 50mg SQ TWICE a week (3-4 days apart) for 3 months, then maintenance dosing

STELARA 45mg/0.5mL PFS 90mg/mL PFS Patient Weight (kg)
Start Dose: Inject 45mg (1 PFS) SQ for patients weighing <100kg (220lbs) initially and then 4 weeks later
Maintenance Dose: Inject 45mg (1 PFS) SQ every 12 weeks
Start Dose: Inject 90mg (1 PFS) SQ for patients weighing >100kg (220lbs) initially and then 4 weeks later
Maintenance Dose: Inject 90mg (1 PFS) SQ every 12 weeks

REMICADE 100mg Vial
Induction Dose: Infuse 5mg/kg in 250mL of 0.9% NaCl at wk 0, wk 2, wk 6, & every 8 wks thereafter
Maintenance Dose: Infuse 5mg/kg in 250ml of 0.9% NaCl every 8 wks

Prescriber's Name / Practice, Address, Tel, License#, Office Contact, Suite#, City, State, Zip, Email, UPIN#, DEA#, Date

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