

Ship to Patient: \Box Home \Box Work

Ship to: ☐ Physician Office

VERBAL ORDER FORM DERMATOLOGY

ate Needed	
NGCER	À



Today's Date





398 W. Grand Avenue | Rahway, NJ 07065 Ph 844-527-9486 | Fx 866-285-7628 NPI# 1669881777 NABP# 3148839 info@pfsprx.com PFSPrx.com

☐ Nurse / Training ☐ PFSP Pharmacy	info@pfsprx.com	n PFSPrx.	com			Expires 07/01/2	Pharmacy Center of Excellence Expires 07/01/2023	
atient NameddressCell			Date of Bir	th		☐ Male	☐ Female	
ddress	Apt	: # (City	11		State	Zip	
elepnone Cell llergies	S5N	Comorbi	Ei idities	naıı				
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rimary Insurance osured's Name	וטו	r# Fmplover		0	roup #			
nsured's Name State	Phone							
ED-10 Diagnosis Code: L40.59 Psoriatic Arthritis L40.0 Psoriats L40.0 Psoriats Does pai BSA (body surface area) affected by Psoriatis Methotro Wedication Medication Strength	is \(\sum \text{L20.}\) Atopic Dermat cient have latex allergy (for E exate contraindicated: Due t ate failed medication(s) belor Duration of Treatment/ ason for Discontinuation	titis	ehçet's Disease No ies? Yes Ne	□ Other Weigh No Becau	at lb conservations are patient is	or Kg of child bearin Duratio Reason	g age? Yes No on of Treatment/ for Discontinuation	
PRESCRIPTION	PLEASE	ATTACH	COPIES	OF PAT	ENT'S	INSURAN	ICE CARDS	
SKYRIZI 150 mg/mL PFS PEN Start Dose: Inject 150mg subcutaneously at week 0, week 4 QTY: 2 F Maintenance Dose: Inject 150mg subcutaneously every 12 weeks ther Sharps Container If applicable, enroll patient in Skyrizi Comp	PLAQUE PSORIASIS lefills: 0 eafter QTY: Refill: lete	☐ Psoriatic Art QTY: Refil	t hritis: 15mg onc l:	e daily		ce daily if inadeq		
DUPIXENT ☐ 300mg/mL PFS ☐ 300mg/mL Pen Injector ☐ 200mg/1 Adolescents ☐ (< 60kg) Starter: Inject 400mg SQ on Day 1, then inject QTY: 4 PFS Refills: 0	.14mL PFS ATOPIC DERMATITIS 200mg SQ every other week.	TREMFYATM Starting Dos Maintenance	Prefilled Syringe: Initial dose of Dose: 100 mg Spiner.	ge 100mg/mL 100 mg SQ inject Q injection given	One-Pression at week 0 a every 8 weeks	Injector 100mg and week 4 thereafter. QTY:	/mL Refill:	
Maintenance: Inject 200mg SQ every other week. QTY: 2 PFS Refills: Starter: Inject 600mg SQ on Day 1, then inject 300mg SQ every other week. QTY: 4 PFS Refills: 0 Maintenance: Inject 300mg SQ every other week. QTY: 2 PFS Refills: 1 Starter: Inject 600mg SQ on Day 1, then inject 300mg SQ every other week. QTY: 2 PFS Refills: 0 Maintenance: Inject 300mg SQ every other week. QTY: 2 PFS Refills: 0 Maintenance: Inject 300mg SQ every other week. QTY: 2 PFS Refills: 0 Sharps Container ☐ If applicable, enroll patient in MyWay™		SILIQ TM						
Sararps Container	ek 4 Ifter. QTY: Refill:	Starter: 28 Da 30mg twice Maintenance: If applicable	y Starter Pack Starter Pack Starter Pack Starter Pack Stally (recommende SIG: Take one to sIG: Take one to sensell in Otezlo	ed Iwo-Week Sta bIG: Take as dire d) □ 30mg da ablet by mouth d ablet by mouth d a SupportPlus™ [rter Pack on cted ly (for severe rei wice daily aily] If applicable	QTY: nal impairment) QTY: QTY: QTY: QTY:	: 55 Refill: 0 : 60 Refill: : 30 Refill: RX Program	
COSENTYX® ☐ 150 mg Sensoready® Pen ☐ 150 mg Prefilled ☐ Starting Dose: Weeks 0, 1, 2, 3, and 4, then once every 4 weeks SIG: ☐ Inject 300 mg dose SQ once weekly for 5 weeks (Each 300 mg dose Once weekly for 5 weeks (Each 300 mg dose SQ once weekly for 5 weeks QTY: 5 ☐ Maintenance Supply: Once every 4 weeks (Each 300 mg dose is giv ☐ Inject 150 mg dose SQ once every 4 weeks (Each 300 mg dose SQ once every 4 weeks ☐ 1 Month ☐ 2 Months ☐ 3 Months QTY: Refills: ☐ Sharps Container ☐ If applicable, enroll patient in Cosentyx® C	Syringe see is given as 2 SQ injections of 150 mg) injection devices Refills: 0 en as 2 SQ injections of 150 mg)	TALTZ® 80mg Starting Dose: Maintenance Do Other: SIMPONI™ Psoriatic Art	☐ Autoinjec ☐ Inject 160mg S sse: ☐ Inject 80 ainer ☐ If ap ☐ SmartJect™ A thritis Dose: Inje	tor Prefil Q at wk 0 follower mg SQ every 4 w plicable, enroll p utoinjector ct 50 mg (0.5ml)	led Syringe ed by 80mg at vecks QTY: QT atient in Taltz PFS 50m SQ once a mo QTY: Re	wks 2,4,6,8,10 & Refills: TY: Refills: Together TM mg/0.5mL nth QTY: 1 vial fills:	12 QTY: 8 Refills: 0 	
HUMIRA® and HUMIRA Citrate-Free® Patient weight (kg)		☐ Sharps Container ☐ If applicable, enroll patient in <i>SimponiOne</i> ®						
		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 QTY: 8 Refills: 2 □ Psoriasis Maintenance Dose: Inject 50mg SQ ONCE a week QTY: Refills: □ Psoriatic Arthritis Dose: Inject 50mg SQ ONCE a week QTY: Refills: □ Other: QTY: Refills: □ Sharps Container □ If applicable, enroll patient in ENBREL Support™						
QTY: Refills: Sharps Container ☐ If applicable, enroll patient in Ambassado	r Program	STELARATM Starting Dose:	 □ 45mg/0.5mL □ Inject 45mg (PFS 90mg/ 1 PFS) SQ for pa	mL PFS tients weighing	Patient Weight < 100kg (220lbs)	(kg):	
CIMZIA® 200mg/mL □ PFS 2-ct □ PFS 6-ct Starter Kit Psoriasis □ Standard Dose: Inject 400mg SQ every other week Less than 90kg, may consider: □ Starter: Inject 400mg SQ at weeks 0, 2, and □ Maintenance: Inject 200mg SQ every other week thereafter Psoriatic Arthritis □ Starter: Inject 400mg SQ at week 0, 2, and 4 □ Maintenance: Inject 200mg SQ every other week □ Maintenance: Inject 400mg SQ every other weeks □ Sharps Container □ If applicable, enroll patient in CIMplicity	QTY: 2 PFS Refills: QTY: 6 PFS Refills: QTY: 6 PFS Refills: QTY: 6 PFS Refills: QTY: 2 Refills: QTY: 2 Refills:	initially and Maintenance D Starting Dose: initially and Maintenance D Other: Sharps Conta	then 4 weeks latings: Inject 4 Inject 9 Inject 90mg (then 4 weeks latings: Inject 9 Inject	er QTY: 1 PFS 5mg (1 PFS) SQ e 1 PFS) SQ for pa er QTY: 1 PFS 0mg (1 PFS) SQ e blicable, enroll p	Refills: 0 very 12 weeks cients weighing Refills: 0 very 12 weeks QTY: eatient in Janss QTY:	2.100kg (220lbs) QTY: 1 PFS 2.100kg (220lbs) QTY: 1 PFS Refills: Seen CarePath # of vials 1 kg 2. wk 6. & even	Refills: Refills: Refill y 8 wks thereafter applicable, enroll	
OTHER SIG	QTY: Refill:	☐ Maintenance ☐ Other:	Dose: Infuse 5m	g/kg in 250ml of	0.9% NaCl eve	ry 8 wks	applicable, enroll nt in Janssen CarePath	
rescriber's Name / Practice			Office Co	ntact				
.ddress	Suit	.e#	City			State	Zip	
rescriber's Name / Practice ddress Fax icense# NPI#		Email_ JPIN#			DEA#	State		



Prescriber's Signature (signature required. NO STAMPS)

Date