Sterling SPECIALTY PHARMACY

Psoriasis
Prescription Referral Form (S to Z)

NPI: 1225548480 • Ph: 888.618.4126 • F: 866.588.0371

Note: Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy. Prescribers are reminded patients may choose any pharmacy of their choice.

1 Patient Information

Please fax FRONT and BACK copy of ALL Insurance cards (Prescription and Medical).

Patient Name: _____ Birthdate: _____ Sex: ❑ Male ❑ Female Height: _____ Weight: _____ ❑ lbs. ❑ kg.

Allergies: _____ Patient Primary Language: ❑ English ❑ Spanish ❑ Other: _____ ❑ Hearing Impaired

Patient Phone: _____ Patient Email: _____ Caregiver Name: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

2 Diagnosis/Clinical Information

Please FAX Clinical Notes, Labs, & Tests with the prescription to expedite Prior Authorization.

Diagnosis/ICD-10: _____ Diagnosis Date: _____ Other: _____

TB Test: ❑ Positive ❑ Negative Date: _____ LFT: _____ ALT: _____ AST: _____ Date: _____

Assessment: ❑ Moderate ❑ Moderate to Severe ❑ Severe

_____% BSA Affected BSA Scoring Tool Name: _____

❑ Hands ❑ Scalp ❑ Feet ❑ Groin ❑ Nails ❑ Other: _____

Patient also taking Methotrexate?	❑ Yes	❑ No
Serious or active infection present?	❑ Yes	❑ No
Hep B ruled out or treatment started?	❑ Yes	❑ No
Does patient have latex allergy?	❑ Yes	❑ No

Prior Failed Treatments: Must be completed for all patients.

Treatment Type:	Drug Name:	Dates of Use:
❑ Biologicals		
❑ Methotrexate		
❑ Oral Meds		
❑ Topicals		
❑ UVA		
❑ UVB		
❑ Other:		

3 Prescription Information

Please be sure to choose both induction and maintenance dose where applicable.

Medication	Dose/Strength	Direction	Qty.	Refills
❑ SILIQ™	❑ 210mg/1.5mL Prefilled Syringe	❑ **Induction:** Inject the contents of 1 prefilled syringe SQ at weeks 0, 1, and 2. ❑ Other: _____	❑ 3 ❑ ___	❑ 0 ❑ ___
		❑ **Maintenance:** Inject the contents of 1 prefilled syringe SQ every 2 weeks. ❑ Other: _____	❑ 2 ❑ ___	❑ ___
❑ SIMPONI®	❑ 50mg/0.5ml SmartJect® Autoinjector ❑ 50mg/0.5ml Prefilled Syringe	❑ Inject 50mg SQ once a month. ❑ Other: _____	❑ 1 ❑ ___	❑ ___
❑ SKYRIZI™	❑ 75mg/mL Prefilled Syringe	❑ **Induction:** Inject the contents of 2 prefilled syringes SQ at week 0. ❑ Other: _____	❑ 2 ❑ ___	❑ 0 ❑ ___
		❑ **Maintenance:** Inject the contents of 2 prefilled syringes SQ at week 4 and every 12 weeks thereafter. ❑ Other: _____	❑ 2 ❑ ___	❑ ___
❑ STELARA®	❑ 45mg/0.5ml Prefilled Syringe (for < 220 lbs) ❑ 90mg/1ml Prefilled Syringe (for > 220 lbs)	❑ **Induction:** Inject the contents of 1 prefilled syringe SQ on day 1. ❑ Other: _____	❑ 1 ❑ ___	❑ 0 ❑ ___
		❑ **Maintenance:** Inject the contents of 1 prefilled syringe SQ on day 29, and every 12 weeks thereafter. ❑ Other: _____	❑ 1 ❑ ___	❑ ___
❑ TALTZ®	❑ 80mg/ml Autoinjector ❑ 80mg/ml Prefilled Syringe	❑ **Starting dose:** Inject 160mg (2 injections) SQ on day 1, then begin Induction of 80mg (1 injection) SQ two weeks later (week 2). ❑ Other: _____	❑ 3 ❑ ___	❑ 0 ❑ ___
		❑ **Induction:** Inject 80mg SQ on weeks 4, 6, 8, and 10. ❑ Other: _____	❑ 2 ❑ ___	❑ 1 ❑ ___
		❑ **Maintenance:** Inject 80mg SQ on week 12, and every 4 weeks thereafter. ❑ Other: _____	❑ 1 ❑ ___	❑ 0 ❑ ___
		❑ **Refill:** Inject 80mg SQ every 4 weeks. ❑ Other: _____	❑ 1 ❑ ___	❑ ___
❑ TREMFYA™	❑ 100mg/ml Prefilled Syringe ❑ 100mg/ml One-Press Injector	❑ **Induction Dose:** Inject 100mg SQ at week 0. ❑ Other: _____	❑ 1 ❑ ___	❑ 0 ❑ ___
		❑ **Maintenance Dose:** Inject 100mg SQ at week 4 and every 8 weeks thereafter. ❑ Other: _____	❑ 2 ❑ ___	❑ ___
❑ _____	❑ _____	❑ _____	❑ ___	❑ ___

4 Provider/Prescriber Information

Clinic Name: _____ Provider Name: _____

Provider Phone: _____ Provider Fax: _____ DEA#: _____ NPI#: _____

Provider Address: _____ City: _____ State: _____ Zip: _____

Prescriber Signature: Prescriber, please sign and date below (**NO stamps please**):

Dispense as Written: _____ Date: _____ Substitution Permissible: _____ Date: _____

I authorize Sterling Specialty Pharmacy and its representatives to act as an agent to initiate and execute the insurance Prior Authorization process, nursing services, and patient assistance programs.