DERMATOLOGY REFERRAL FORM

SUPERIOR BIOLOGICS Fax Referral To: 914-747-1170



Date:		Phone: 855-747-1150	BIOLOGIC	S
	Dationt Information		a a sile au tufa wa shi a a	
	Patient Information		escriber Information	
	e:			
Address:				
City, State, Zip	o:	City, State, Zip:		
Home Phone:		Phone:		
			NPI #:	
Gender: □	M 🗆 F	Contact Person:		
		Insurance Information		
	ance:		Group:	
Secondary Ins	urance:		Group:	
Prescription C	Card: ID#:	BIN#: PCN#:	Group:	
☐ M33 (Derm Diagnosis Dat HBV: ☐ Yes ☐ BSA Affected Prior Therapy	□ L20.9 (Atopic Dermatitis) □ □ L40.9 (Psoriasis/Unspecified) □ natopolymyositis)□ M33.1 (Dermat te: Height: We □ No If Yes, Currently Treated: □ \ (%): Affe	ight: Tb Test:	nmular Psoriasis)	garis)
Approximate	Start Date:			
		Prescription Information	_	
Medication	Dose Strength	Directions	Qty	Refills
Cimzia	☐ 6 x 200mg/mL (PFS Starter Kit)	☐ Inject 400mg SC at weeks 0, 2 and 4		
	☐ 2 x 200mg/mL PFS☐ 2 x 200mg/mL Vial	☐ Inject 200mg SC every 2 weeks ☐ Inject 400mg SC every 4 weeks		
		☐ For some patients <90kg: Inject 400mg	SC at weeks	
		0, 2 and 4, then 200mg every 2 weeks	Se de Weeks	
Cosentyx	☐ 300mg Sensoready Pen	☐ Starter Dose: Inject SC weeks 0, 1, 2, 3,	and 4	
-	☐ 150mg Sensoready Pen	☐ Maintenance Dose: Inject SC every 4 w	eeks	
Dupixent	□ 300mg PFS □ 200mg PFS	☐ Starter Dose: Inject 400 mg (two 200 r ☐ Starter Dose: Inject 600 mg (two 300 ☐ Maintenance Dose: Inject 200mg SC ev thereafter ☐ Maintenance Dose: Inject 300mg SC ev thereafter	mg injections) very 2 weeks	
Enbrel	☐ 50mg/mL Prefilled Syringe ☐ 50mg/mL SureClick Autoinjecto ☐ 25mg/0.5mL Prefilled Syringe	☐ Starter Dose: Inject 50mg SC twice a we hours apart for 3 months) ☐ Maintenance Dose: Inject SC every 4 w		
☐ Humira	☐ 20mg/0.2mL Pen	☐ Starter Dose: Inject 80mg SC on Day 1	☐ Initial Dose 1:	
☐ Adalimumab	☐ 40mg/0.4mL Pen	☐ Maintenance Dose: Inject 40mg SC onc		
(biosimilar)	☐ 40mg/0.8mL Pen or Syringe	thereafter	☐ Injection	
,	☐ 40mg Kit 4 x 0.8mL	Other:	training required	
	☐ 40mg Psoriasis Starter Pack		from my Humira	
Humia				
Ilumya	☐ 100mg/mL Prefilled Syringe	☐ Starter Dose: Inject 100mg SC at weeks☐ Maintenance Dose: 100mg SC every 12		

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Date: _____ Phone: 855-747-1150



			r none.	033-7-77-1	130				
Patient Information				Prescriber Information					
Patient Name:				Prescriber	Prescriber Name:				
Address:									
City, State, Zip:					Address: City, State, Zip:				
Home Phone:									
Cell Phone: DOB:				DEA:		NPI #	:		
Gender: □ M □ F									
			Insuranc	ce Information	on				
Primary Insur	ance:					Group:			
	surance:								
	Card: II					Group:			
				ax all pertiner					
Diagnosis:	☐ L20.9 (Atopic Dermatitis						s) 🗆 L40.8 (Other I	Psoriasis)	
_	☐ L40.9 (Psoriasis/Unspeci			-		lenitis Suppurat		•	
	M33 (Dermatopolymyositis)							/ulgaris)	
	te: Height:								
	☐ No If Yes, Currently Trea								
	(%):					ck 🗆 Genitalia	 n		
	r: ☐ Yes ☐ No Reason f								
	Start Date:				nate End Date:				
			Prescripti	ion Informat					
Medication	Dose Strength		Prescript	ion Informat Directions	ion		Qty	Refills	
Medication IVIG Orders	Dose Strength		_mg/kg IV div	Directions vided over	ion day(s)		Qty	Refills	
	Dose Strength		_mg/kg IV div _mg/kg IV div	Directions	ion day(s)		Qty	Refills	
	Dose Strength	Frequency:	_mg/kg IV div _mg/kg IV div	Directions rided over rided over	day(s) day(s)		Qty	Refills	
IVIG Orders		Frequency:	_mg/kg IV div _mg/kg IV div weeks fo	Directions rided over rided over r one year	day(s) day(s) day(s)		Qty	Refills	
	☐ 150mg PFS	Frequency: □ Every □ Starter [_mg/kg IV div _mg/kg IV div weeks fo ose: Infuse _	Directions vided over vided over r one year	day(s) day(s) day(s) day(s) day(s)	4	Qty	Refills	
IVIG Orders		Frequency: Every Starter C Mainten	_mg/kg IV div _mg/kg IV div weeks fo Dose: Infuse _ ance Dose: Ir	Directions rided over rided over r one year	day(s) day(s) day(s) one time dose eeks 0, 2, and at every 4 we	4 eks thereafter	Qty	Refills	
IVIG Orders	☐ 150mg PFS ☐ 250mg/mL Vial	Frequency: Every Starter I Mainten (<60kg =	_mg/kg IV div _mg/kg IV div weeks fo Dose: Infuse _ ance Dose: Ir	Directions vided over vided over r one year or mg at we fuse mg to 100kg = 750	day(s) day(s) day(s) one time dose eeks 0, 2, and at every 4 we	4 eks thereafter	Qty	Refills	
IVIG Orders	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F	_mg/kg IV div _mg/kg IV div weeks fo Dose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o	Directions rided over rided over mg at we fuse mg to 100kg = 750 nce a week Directed	day(s) day(s) day(s) one time dose eeks 0, 2, and at every 4 we mg, and >100k	4 eks thereafter	Qty	Refills	
Orencia Otezla	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten	_mg/kg IV div _mg/kg IV div _ weeks fo Dose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T	Directions rided over rided over mg at wenture mg to 100kg = 750 nce a week Directed ake 1 Table BID	day(s) day(s) day(s) one time dose eeks 0, 2, and at every 4 we mg, and >100k	4 eks thereafter kg = 1000mg)	Qty	Refills	
Orencia Otezla Remicade	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter F	_mg/kg IV div _mg/kg IV div _weeks fo Dose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T	Directions wided over rone year c mg at wear fuse mg to 100kg = 750 nce a week Directed fake 1 Table BID (dose mg	day(s) day(s) day(s) one time dose eeks 0, 2, and at every 4 we mg, and >100k	4 eks thereafter kg = 1000mg)	Qty	Refills	
Orencia Otezla Remicade Avsola	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever	_mg/kg IV div _mg/kg IV div _weeks fo Dose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Dose: 5mg/kg	Directions rided over rided over r one year	day(s) day(s) day(s) one time dose eeks 0, 2, and at every 4 we mg, and >100k	4 eks thereafter kg = 1000mg) and 6 weeks,	Qty	Refills	
Orencia Otezla Remicade	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever	_mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Oose: 5mg/kg ry 8 weeks th ance Dose: 5	Directions rided over rided over mg at we fuse mg to 100kg = 750 nce a week Directed ake 1 Table BID (dose mg ereafter mg/kg (dose	day(s) day(s) day(s) one time dose eeks 0, 2, and at every 4 we mg, and >100k g) IV at 0, 2, an	4 eks thereafter kg = 1000mg) and 6 weeks,	Qty	Refills	
Orencia Otezla Remicade Avsola Inflectra	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever	_mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Oose: 5mg/kg ry 8 weeks th ance Dose: 5 _mg e	Directions rided over rided over r one year	day(s) da	4 eks thereafter kg = 1000mg) and 6 weeks,	Qty	Refills	
Orencia Otezla Remicade Avsola Inflectra Renflexis	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg ☐ 100mg Vial	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever IV Loading	_mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Oose: 5mg/kg ry 8 weeks th ance Dose: 5 mg e	Directions rided over rided over r one year	day(s) day(s) day(s) one time dose eeks 0, 2, and at every 4 we mg, and >100k g) IV at 0, 2, at mg) IV e weeks d Day 15	4 eks thereafter kg = 1000mg) and 6 weeks, wery 8 weeks	Qty	Refills	
Orencia Otezla Remicade Avsola Inflectra Renflexis Rituxan	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg ☐ 100mg Vial ☐ 100mg Vial	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter I Mainten Starter I then ever Mainten IV Loading Mainten thereafter	_mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: Toose: 5mg/kg ry 8 weeks th ance Dose: 5 mg e Dose: 1000mance Dose: 5	Directions rided over rided over r one year	day(s) da	4 eks thereafter kg = 1000mg) and 6 weeks, wery 8 weeks		Refills	
Orencia Otezla Remicade Avsola Inflectra Renflexis	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg ☐ 100mg Vial	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever Mainten IV Loading Mainten thereafter Loading	_mg/kg IV div _mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Oose: 5mg/kg ry 8 weeks th ance Dose: 5 mg e Dose: 1000m ance Dose: 5	Directions rided over rided over r one year	day(s) da	4 eks thereafter eg = 1000mg) and 6 weeks, very 8 weeks y 6 months	☐ Starter Dose:	Refills	
Orencia Otezla Remicade Avsola Inflectra Renflexis Rituxan	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg ☐ 100mg Vial ☐ 100mg Vial	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever Mainten IV Loading Mainten thereafter Loading	_mg/kg IV div _mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Oose: 5mg/kg ry 8 weeks th ance Dose: 5 mg e Dose: 1000m ance Dose: 5	Directions rided over rided over r one year	day(s) da	4 eks thereafter eg = 1000mg) and 6 weeks, very 8 weeks y 6 months	☐ Starter Dose: 3 PFS	Refills	
Orencia Otezla Remicade Avsola Inflectra Renflexis Rituxan	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg ☐ 100mg Vial ☐ 100mg Vial	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever Mainten IV Loading Mainten thereafter Loading	_mg/kg IV div _mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Oose: 5mg/kg ry 8 weeks th ance Dose: 5 mg e Dose: 1000m ance Dose: 5	Directions rided over rided over r one year	day(s) da	4 eks thereafter eg = 1000mg) and 6 weeks, very 8 weeks y 6 months	☐ Starter Dose: 3 PFS ☐ Maintenance	Refills	
Orencia Otezla Remicade Avsola Inflectra Renflexis Rituxan	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg ☐ 100mg Vial ☐ 100mg Vial	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever Mainten IV Loading Mainten thereafter Loading	_mg/kg IV div _mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Oose: 5mg/kg ry 8 weeks th ance Dose: 5 mg e Dose: 1000m ance Dose: 5	Directions rided over rided over r one year	day(s) da	4 eks thereafter eg = 1000mg) and 6 weeks, very 8 weeks y 6 months	☐ Starter Dose: 3 PFS	Refills	
Orencia Otezla Remicade Avsola Inflectra Renflexis Rituxan	☐ 150mg PFS ☐ 250mg/mL Vial ☐ 125mg ClickJect Pen ☐ 28 Day Starter Pack ☐ 30mg ☐ 100mg Vial ☐ 100mg Vial	Frequency: Every Starter I Mainten (<60kg = SC: Inject Starter F Mainten Starter I then ever Mainten IV Loading Mainten thereafter Loading	_mg/kg IV div _mg/kg IV div _mg/kg IV div _weeks fo Oose: Infuse _ ance Dose: Ir 500mg, 60kg t 125mg SC o Pack: Take as ance Dose: T Oose: 5mg/kg ry 8 weeks th ance Dose: 5 mg e Dose: 1000m ance Dose: 5	Directions rided over rided over r one year	day(s) da	4 eks thereafter eg = 1000mg) and 6 weeks, very 8 weeks y 6 months	☐ Starter Dose: 3 PFS ☐ Maintenance	Refills	

SUPERIOR BIOLOGICS

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Date: _____

SUPERIOR BIOLOGICS Fax Referral To: 914-747-1170

Phone: 855-747-1150



Patient Information			Prescriber Information				
Patient Name:			Prescriber Name:				
Address:			Address:				
City, State, Zip:			City, State, Zip:				
• • • • • • • • • • • • • • • • • • • •	:		Phone:				
			Fax:				
			DEA:	NPI #:			
Gender:			Contact Person:				
		Insurance Ir	nformation				
Primary Insu	rance:	ID)#:	Group:			
			D#: Group:				
	Card: ID#:		IN#: PCN#:	Group:			
	Clinical Informa	tion (please fax a	II pertinent clinical info	ormation)			
Diagnosis:	☐ L20.9 (Atopic Dermatitis) ☐ L4				☐ L40.8 (Other P	Psoriasis)	
	☐ L40.9 (Psoriasis/Unspecified) ☐ L4	40.5 (Psoriatic Arthr	ritis) 🗆 L73.2 (Hidrac	lenitis Suppurati	iva)		
☐ M33 (Derr	matopolymyositis) 🗆 M33.1 (Derma	comypsitis)	L12.9 (Pemphigoid/Pem	phigus) 🗆 🗆 I	L10.0 (Pemphigus V	ulgaris)	
Diagnosis Da	te: Height: Weig	ht: Tb Test	t: ☐ Yes ☐ No Neg.	Text Date:	 		
HBV: ☐ Yes	\square No If Yes, Currently Treated: \square Ye	s □ No Allergie					
	(%): Affecte						
Prior Therapy	y: Yes No Reason for Discont	inuation of Therapy:	:				
	6						
Approximate	Start Date:		Approximate End Date:				
Approximate	Start Date:	Prescription	* *				
Approximate Medication	Dose Strength	Prescription	* *		Qty	Refills	
			Information		Qty □ 4 week	Refills	
Medication Simponi / Simponi	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS	☐ Inject 100mg S	Directions SC once a month C once a month		•	Refills	
Medication Simponi /	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse	Directions SC once a month C once a month mg (2mg/kg over 30 r		☐ 4 week	Refills	
Medication Simponi / Simponi Aria	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse	Directions SC once a month C once a monthmg (2mg/kg over 30 r , then every 8 weeks)	ninutes at	☐ 4 week	Refills	
Medication Simponi / Simponi	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse weeks 0 and 4	Directions SC once a month C once a month mg (2mg/kg over 30 r ., then every 8 weeks) nject 150mg SC weeks 0,	ninutes at	☐ 4 week	Refills	
Medication Simponi / Simponi Aria	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose)	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse	Information Directions SC once a month C once a monthmg (2mg/kg over 30 r , then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC ev	ninutes at and 4 very 12 weeks	☐ 4 week	Refills	
Medication Simponi / Simponi Aria Skyrizi	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse weeks 0 and 4 ☐ Initial Dose: It ☐ Maintenance Starter Dose: ☐	Directions SC once a month C once a month mg (2mg/kg over 30 r ., then every 8 weeks) nject 150mg SC weeks 0,	ninutes at and 4 very 12 weeks g) on Day 1	☐ 4 week supply	Refills	
Medication Simponi / Simponi Aria Skyrizi	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS	☐ Inject 100mg ☐ Inject 50mg Sc ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: Ic ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ ☐ and Day 28 ☐ and Day 28	Information Directions SC once a month C once a monthmg (2mg/kg over 30 r , then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC ev Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1	☐ 4 week supply	Refills	
Medication Simponi / Simponi Aria Skyrizi	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS	☐ Inject 100mg ☐ Inject 50mg Sc ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: Ic ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ and Day 28 ☐ Maintenance Do	Information Directions SC once a month C once a month mg (2mg/kg over 30 r , then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC ev Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every	☐ 4 week supply	Refills	
Medication Simponi / Simponi Aria Skyrizi	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS	☐ Inject 100mg ☐ Inject 50mg Sc ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: Ic ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ and Day 28 ☐ Maintenance Do ☐ 12 weeks ther	Information Directions SC once a month C once a monthmg (2mg/kg over 30 rg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC ex Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every	☐ 4 week supply	Refills	
Medication Simponi / Simponi Aria Skyrizi Stelara	Dose Strength □ 100mg/mL Autoinjector □ 100mg/mL PFS □ 50mg/mL Autoinjector □ 50mg/mL PFS □ 50mg/4mL Vial □ 75mg/0.83mL (150mg dose) □ 45mg/0.5mL PFS □ 90mg/1.0mL PFS	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: It ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ and Day 28 ☐ Maintenance Do 12 weeks there ☐ every 12 weeks	Information Directions SC once a month C once a monthmg (2mg/kg over 30 rg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC ex Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt Sose: □ Inject 90mg SC (pt Soses Sthereafter	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg)	☐ 4 week supply	Refills	
Medication Simponi / Simponi Aria Skyrizi	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: It ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ ☐ and Day 28 Maintenance Do 12 weeks ther ☐ every 12 week ☐ Starter Dose: ☐ Starter Dose:	Directions SC once a month C once a month — mg (2mg/kg over 30 rg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC events Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 45mg SC (pt to the seafter ☐ Inject 90mg SC (pt to the seafter ☐ Inject 90mg SC (pt to the seafter ☐ Inject 160mg SC at week	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg)	☐ 4 week supply	Refills	
Medication Simponi / Simponi Aria Skyrizi Stelara	Dose Strength □ 100mg/mL Autoinjector □ 100mg/mL PFS □ 50mg/mL Autoinjector □ 50mg/mL PFS □ 50mg/4mL Vial □ 75mg/0.83mL (150mg dose) □ 45mg/0.5mL PFS □ 90mg/1.0mL PFS	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: It ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ and Day 28 Maintenance Do 12 weeks there ☐ every 12 week ☐ Starter Dose: ☐ at weeks 2, 4,	Information Directions SC once a month C once a monthmg (2mg/kg over 30 rg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC ex Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt Sose: □ Inject 90mg SC (pt Soses Sthereafter	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg) 0, then 80mg	☐ 4 week supply	Refills	
Medication Simponi / Simponi Aria Skyrizi Stelara	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS ☐ 90mg/1.0mL PFS	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: It ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ and Day 28 ☐ there weeks there every 12 weeks ☐ Starter Dose: ☐ at weeks 2, 4, ☐ Maintenance	Directions SC once a month C once a monthmg (2mg/kg over 30 rg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC ex Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt eafter □ Inject 90mg SC (pt sc thereafter Inject 160mg SC at week 6, 8, 10, and 12 weeks Dose: Inject 80mg SC eve	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg) 0, then 80mg	☐ 4 week supply ☐ Initial Dose: 1 other:	Refills	
Medication Simponi / Simponi Aria Skyrizi Stelara	Dose Strength □ 100mg/mL Autoinjector □ 100mg/mL PFS □ 50mg/mL Autoinjector □ 50mg/mL PFS □ 50mg/4mL Vial □ 75mg/0.83mL (150mg dose) □ 45mg/0.5mL PFS □ 90mg/1.0mL PFS	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: It ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ ☐ and Day 28 Maintenance Do 12 weeks ther ☐ every 12 week ☐ Starter Dose: ☐ at weeks 2, 4, ☐ Maintenance ☐ Inject 100mg	Directions SC once a month C once a monthmg (2mg/kg over 30 rg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC events Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt eafter ☐ Inject 90mg SC (pt eafter ☐ Inject 90mg SC (pt sc thereafter Inject 160mg SC at week 6, 8, 10, and 12 weeks Dose: Inject 80mg SC events SC on weeks 0 and 4	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg) 0, then 80mg	☐ 4 week supply ☐ Initial Dose: 1 other:	Refills	
Medication Simponi / Simponi Aria Skyrizi Stelara Taltz Tremfya	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS ☐ 90mg/1.0mL PFS	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: It ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ and Day 28 Maintenance Do 12 weeks there ☐ every 12 week ☐ Starter Dose: ☐ at weeks 2, 4, ☐ Maintenance ☐ Inject 100mg ☐ Inject 100mg ☐ Inject 100mg	Directions SC once a month C once a month mg (2mg/kg over 30 r , then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC ev Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>0mg SC (pt eafter ☐ Inject 90mg SC (pt st thereafter Inject 160mg SC at week 6, 8, 10, and 12 weeks Dose: Inject 80mg SC eve SC on weeks 0 and 4 SC every 8 weeks	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg) 0, then 80mg	☐ 4 week supply ☐ Initial Dose: 1 other:	Refills	
Medication Simponi / Simponi Aria Skyrizi Stelara	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS ☐ 90mg/1.0mL PFS	☐ Inject 100mg ☐ Inject 50mg St ☐ Infuse ☐ weeks 0 and 4 ☐ Initial Dose: It ☐ Maintenance Starter Dose: ☐ ☐ and Day 28 ☐ ☐ and Day 28 Maintenance Do 12 weeks ther ☐ every 12 week ☐ Starter Dose: ☐ at weeks 2, 4, ☐ Maintenance ☐ Inject 100mg	Directions SC once a month C once a month — mg (2mg/kg over 30 mg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC events Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 45mg SC (pt seafter ☐ Inject 90mg SC (pt seafter ☐ Inject 160mg SC at weeks 6, 8, 10, and 12 weeks Dose: Inject 80mg SC events SC on weeks 0 and 4 SC every 8 weeks BID	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg) 0, then 80mg	☐ 4 week supply ☐ Initial Dose: 1 other:	Refills	
Medication Simponi / Simponi Aria Skyrizi Stelara Taltz Tremfya	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS ☐ 90mg/1.0mL PFS	□ Inject 100mg □ Inject 50mg St □ Infuse weeks 0 and 4 □ Initial Dose: It □ Maintenance Starter Dose: □ and Day 28 And Day 28 Maintenance Do 12 weeks ther every 12 week □ Starter Dose: at weeks 2, 4, □ Maintenance □ Inject 100mg □ Inject 100mg □ Take 5mg PO	Directions SC once a month C once a month — mg (2mg/kg over 30 mg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC events Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 45mg SC (pt seafter ☐ Inject 90mg SC (pt seafter ☐ Inject 160mg SC at weeks 6, 8, 10, and 12 weeks Dose: Inject 80mg SC events SC on weeks 0 and 4 SC every 8 weeks BID	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg) 0, then 80mg	☐ 4 week supply ☐ Initial Dose: 1 other:	Refills	
Medication Simponi / Simponi Aria Skyrizi Stelara Taltz Tremfya Xeljanz/XR	Dose Strength ☐ 100mg/mL Autoinjector ☐ 100mg/mL PFS ☐ 50mg/mL Autoinjector ☐ 50mg/mL PFS ☐ 50mg/4mL Vial ☐ 75mg/0.83mL (150mg dose) ☐ 45mg/0.5mL PFS ☐ 90mg/1.0mL PFS	□ Inject 100mg □ Inject 50mg St □ Infuse weeks 0 and 4 □ Initial Dose: It □ Maintenance Starter Dose: □ and Day 28 And Day 28 Maintenance Do 12 weeks ther every 12 week □ Starter Dose: at weeks 2, 4, □ Maintenance □ Inject 100mg □ Inject 100mg □ Take 5mg PO	Directions SC once a month C once a month — mg (2mg/kg over 30 mg, then every 8 weeks) nject 150mg SC weeks 0, Dose: Inject 150mg SC events Inject 45mg SC (pt<100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 90mg SC (pt>100kg Inject 45mg SC (pt seafter ☐ Inject 90mg SC (pt seafter ☐ Inject 160mg SC at weeks 6, 8, 10, and 12 weeks Dose: Inject 80mg SC events SC on weeks 0 and 4 SC every 8 weeks BID	ninutes at and 4 very 12 weeks g) on Day 1 g) on Day 1 <100kg) every (pt>100kg) 0, then 80mg ery 4 weeks	☐ 4 week supply ☐ Initial Dose: 1 other: ☐ 1 Plus Refill ☐ 1	Refills	

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