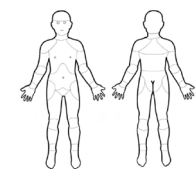


Prescriber	Prescriber Information					
	Prescriber Name:			MD	PA	NP
	NPI:		DEA:		Office Contact:	
	Address:					
	City:	State:	Zip:	Phone #:	Fax #:	

Patient	Patient Information - Fax A Copy Of The Front And Back Of All Insurance Cards					
	First Name:		MI:	Last Name:		
	DOB:	Sex: M F	Last 4 Digits SSN :		Interpreter: Y N Specify:	
	Address:					
	City:	State:	Zip:	Primary #:	Alternate #:	
Emergency Contact:		Phone #:	Contact Preference:		AM Noon PM	

Clinical	Clinical Information - Please Send Progress Notes, Lab Reports And Any Other Supporting Documents					
	ICD10/ Diagnosis Code:	Psoriasis Vulgaris (L40.0)	Other Psoriasis (L40.8)	Psoriasis unspecified (L40.9)	Psoriatic Arthritis (L40.5)	Hidradenitis Suppurativa (L73.2)
	Chronic Urticaria (L50.8)		Atopic Dermatitis (L20.9)	Basal Cell Carcinoma (C44. _____)	Negative TB: Y N	Date: / /
	HBV Positive? Y N	Patient currently under treatment? Y N				
	Prior Therapy:					
	Comorbidities:					
	PHOTOTHERAPY	Tried & Failed (Duration):	Not Tolerated:	Contraindication:		
	UVA/UVB	_____	_____	_____		
	Patient cannot afford		Photosensitivity	Risk of Skin Cancer	Distance from office	
	Allergies: NKDA OTHER:					
New Prescription		Refill Prescription	Start Date: / /			
Deliver to: Patient's Home		Prescriber's Office	Other			



Affected Areas

Face Feet Groin Hands
 Nails Scalp Other

Scoring tool used

BSA EASI ISGA POEM

SCORAD _____ % or Score _____

Prescription	Prescription Information			
	Drug		Directions & Quantity	Refills
	CIMZIA® PFS VIALS	1 starter Kit (6x 200 mg/mL)	Starter Dose: Inject 400 mg SQ at week 0,2 and 4	N/A
		1 carton (2x200 mg/mL) 2 cartons (4x200mg/mL)	Maintenance Dose: Inject 400mg SQ every 4 week Inject 200mg SQ every 2 week Inject 400mg SQ every other week (plaque psoriasis only) Inject 200mg SQ every other week	
	COSENTYX® PFS Sensoready® Pen	4 cartons (8x 150 mg/mL) 4 cartons (4x 150 mg/mL)	Starter Dose: Inject 300 mg SQ at week 0,1,2 and 3 Starter Dose: Inject 150 mg SQ at week 0,1,2 and 3	N/A
		1 carton(2x150 mg/mL) 1 carton(1x150 mg/mL)	Maintenance Dose: Inject 300 mg SQ every 4 weeks beginning on day 29 Maintenance Dose: Inject 150 mg SQ every 4 weeks begibbibg on day 29	
	DUPIXENT® PFS (With needle shield)	1 carton (2x300 mg/2mL) 1 carton (2x300 mg/2mL)	Starter Dose: Inject 600 mg SQ at week 0. Being Maintenance Doce at week 2 Maintenance Dose: Inject 300 mg SQ at every 2 weeks	
	ENBREL® Mini PFS Sureclick Vial	6 cartons (24x50 mg/mL) 1 carton (4x50 mg/mL)	Starter Dose: Inject 50 mg SQ twice a week (72-96 hours apart) x 3 months Maintenance Dose: Inject 50 mg SQ every week	N/A
		PFS: 1 carton (4x25mg/0.5mL) Vial: 1 carton (4x25 mg/mL)	Pediatric Done: <63 Kg(138Lbs) Inject ___ mg (0.8mg/Kg) SQ once a week Pediatric Done: >63 Kg(138Lbs or more) Inject 50mg SQ once a week	
	ERIVEDGE®	150mg capsule (28 capsules)	Take 1 capsule by mouth once daily	
HUMIRA® (Plaque Psoriasis) PENS PFS	PENS ONLY: Starter Kit (4x40 mg/0.8mL) Citrate-Free Strater kit (1x80mg/0.8mL, 2x40mg/0.4mL)	Starter Dose: Inject 80 mg SQ Day1,then 40mg on day 8, then 1 pen every 2 weeks	N/A	
	1 carton (2x40 mg/0.8mL) Citrate-Free 1 carton (2x40mg/0.4mL)	Maintenance Dose: Inject 40 mg SQ every 2 weeks		
Dispense ancillary supplies, syringes and medical equipment necessary to administer medication.				
Injection Training				
Patient received injection training		Prescriber's office to provide injection training	Universal to coordinate injection training	

By signing this form and utilizing our services, you are authorizing Universal Specialty Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Sign	Prescriber Signature and Date (Required to validate prescription)	
	Physician Signature:	Date: / /