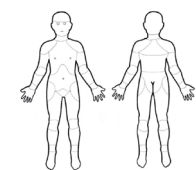


Prescriber	Prescriber Information						
	Prescriber Name:		MD PA NP				
	NPI:		DEA:	Office Contact:			
	Address:						
Patient	Patient Information - Fax A Copy Of The Front And Back Of All Insurance Cards						
	First Name:		MI:	Last Name:			
	DOB:	Sex: M F	Last 4 Digits SSN :	Interpreter: Y N Specify:			
	Address:						
	City:	State:	Zip:	Phone #:	Fax #:		
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:				 Affected Areas Face Feet Groin Hands Nails Scalp Other Scoring tool used BSA EASI ISGA POEM SCORAD _____ % or Score _____		
	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				
Prescription	Prescription Information						
	Drug			Directions & Quantity	Refills		
	HUMIRA® (Hidradenitis Suppurativa) Pens PFS	Pens Only: Starter Kit (6x 40 mg/0.8mL) Citrate-Free Starter Kit (3x80mg/0.8mL)		Starter Dose: Adolescents weighing 30-59kg: Inject 80mg SQ on day 1, 40mg on day 8 and 40mg on day 22 Adolescents weighing ≥60kg and adults: Inject 160mg SQ on day 1 (or 80mg SQ on day 1 and day 2); then 80mg on day 15; then begin maintenance dosing on day 29	N/A		
		2 cartons (4x40mg/0.8mL) Citrate-Free: 2 cartons (4x40mg/0.4mL)		Maintenance Dose: Adolescents weighing 30-59kg: Inject 40mg SQ every other week Adolescents weighing ≥60kg and adults: Inject 40mg SQ every other week			
	ODOMZO® Capsule	200 mg capsule (30 capsules)		Take 1 capsule (200mg) by mouth once daily on an empty stomach, at least 1 hour before or 2 hours after a meal			
	ORENCIA® Clickjet PFS	1 carton (4x 125 mg/mL)		Maintenance Dose: Inject 125mg once every week			
	OTEZLA® Tablet	30 mg tablet (55 tabs for 28 day Starter Pack) 30 mg tablet (60 tablets)		Starter Dose: Take as directed per package instructions Maintenance Dose: Take 1 tablet by mouth twice daily	N/A		
	SIMPONI® SmartJect PFS	1 carton (1x50 mg/0.5mL)		Inject 50 mg SQ once a month			
	STELARA® PFS Patient eligible for self-injection? Y N	1 carton (1x45mg/0.5mL) 1 carton (1x90mg/mL)		Starter Dose: Inject 45 mg SQ on day 1 (≤100kg) Starter Dose: Inject 90 mg SQ on day 1 (>100kg) Maintenance Dose: Inject 45mg SQ once every 12 weeks beginning on day 29 (≤100kg) Maintenance Dose: Inject 95mg SQ once every 12 weeks beginning on day 29 (>100kg)	N/A		
	TALTZ® (Plaque Psoriasis) Autoinjector PFS	3x80mg/mL 2x80mg/mL 1x80mg/mL		Starter Dose: Inject 160mg SQ on day 0 and 80mg at week 2 Titration Dose: Inject 80mg SQ at weeks 4,6,8,10 Maintenance Dose: Inject 80mg SQ every 4 weeks starting at week 12			
	TALTZ® (Psoriatic Arthritis) Autoinjector PFS	2x80mg/mL 1x80mg/mL		Starter Dose: Inject 160mg SQ on day 0 Maintenance Dose: Inject 80mg SQ every 4 weeks starting at week 4	N/A		
	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: / /		