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**Rheumatology A-K
 Referral Form**

Urgent/Stat Standard

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:	Primary #:	Alternate #:	
Clinical	Clinical Information - Please Send Progress Notes, Lab Reports And Any Other Supporting Documents						
	ICD10/ Diagnosis Code:	M32.9 Active Systemic Lupus Erythematosus	M45.9 Ankylosing Spondylitis	M31.6 Other Giant Cell Arteritis	M08.0 Juvenile Idiopathic Arthritis		
	L40.59 Psoriatic Arthritis		L40.54 Psoriatic Juvenile Arthritis	M06.9 Rheumatoid Arthritis	H20 Iridocyclitis (Uveitis)	Other	
	Comorbidities:					Continuity of care: / /	
	Prior Therapy:						
Prescription	Negative TB: Yes No		Date: / /	Allergies: NKDA Other			
	Prescription Information						
	New Prescription		Refill Prescription	Deliver to:	Patient's Home	Prescriber's Office	Other
	Start Date: / /						
	Drug		Directions & Quantity			Refills	
	Actemra®	ACT Pen Pre-filled Syringe	SQ: Inject 162 mg SQ every other week (Quantity:2) SQ: Inject 162 mg SQ every week (Quantity:4)				
	Benlysta®	Pre-filled Syringe	MAINTENANCE: : Inject 200 mg SQ every week				
	Cimzia®	Pre-filled Syringe Vials	INITIAL: Inject 400 mg SQ at Day 0, Day 14 and Day 28 (Quantity:6) MAINTENANCE: Inject 400 mg SQ every 4 weeks (Quantity:2) MAINTENANCE: Inject 200 mg SQ every 2 weeks (Quantity:2)				
	Cosentyx®	Sensoready Pen	INITIAL: Inject 150 mg SQ on week 0, 1, 2, 3, and 4 (Quantity:5)		MAINTENANCE: Inject 150 mg SQ every 4 weeks (Quantity:1)		
		Pre-filled Syringe	INITIAL: Inject 300 mg SQ on week 0, 1, 2, 3, and 4 (Quantity:10)		MAINTENANCE: Inject 300 mg SQ every 4 weeks (Quantity:2)		
Enbrel®	SureClick Pen Mini™ with AutoTouch™ Pre-filled Syringe 25 mg 50 mg Vials 25 mg	Inject 50 mg SQ every week (Quantity:4) Inject 25 mg SQ twice weekly 72-96 hours apart (Quantity:8)					
Humira® Citrate Free	Starter Kit Pen Pre-filled Syringe	INITIAL: MAINTENANCE: Inject 40 mg SQ every other week (Quantity:2) MAINTENANCE: Inject 40 mg SQ weekly (Quantity:4)					
Humira®	Starter Kit Pen Pre-filled Syringe	INITIAL: MAINTENANCE: Inject 40 mg SQ every other week (Quantity:2) MAINTENANCE: Inject 40 mg SQ weekly (Quantity:4)					
Kevzara®	Pen	Inject 50 mg SQ every week (Quantity:4)					
	150 mg 200 mg Pre-filled Syringe 150 mg 200 mg	Inject 25 mg SQ twice weekly 72-96 hours apart (Quantity:8)					
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: / /

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