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**Rheumatology L-Z
 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 #:				
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:	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:										
Negative TB:	Yes	No	Date: / /		Allergies:		NKDA	Other			
Prescription	Prescription Information										
	New Prescription		Refill Prescription		Deliver to:		Patient's Home	Prescriber's Office	Other	Start Date: / /	
	Drug				Directions & Quantity					Refills	
	Olumiant®		2 mg Tablets		Take 2 mg PO once daily (Quantity: 30)						
	Orencia®		Pre-filled Syringe Clickjet		Inject 125 mg SQ one weekly (Quantity: 4)						
	Otezla®		Starter Pack 30 mg tablets		INITIAL: Take as directed per package insert MAINTENANCE – Take 30 mg PO twice daily (Quantity: 60)						
	Otrexup®		10 mg / 0.4 ml	20mg/0.4 ml	Inject _____ mg SQ every week						
			12.5 mg/ 0.4 ml	22.5 mg/0.4ml							
			15 mg/0.4 ml	25 mg/0.4 ml							
			17.5 mg/0.4 ml								
	Rasuvo®		7.5 mg/0.15 ml	20 mg/0.40 ml	Inject _____ mg SQ every week						
			10 mg/0.20 ml	22.5 mg/0.45ml							
			12.5 mg/0.25 ml	25 mg/0.50 ml							
			15 mg/0.30 ml	30 mg/0.60 ml							
		17.5 mg/0.35 ml									
Simponi®		SmartJect (Pen)		Inject 50 mg SQ once a month (Quantity: 1)							
Simponi Aria®		50 mg Vial Weight Required:		INITIAL: Infuse 2 mg/kg via IV over 30 minutes at weeks 0 and 4 (Quantity: QS 2 doses) MAINTENANCE: Infuse 2 mg/kg via IV over 30 minutes every 8 weeks thereafter (Quantity: QS 1 dose)							
Taltz®		Pre-filled Syringe Auto injector		Inject 50 mg SQ every week (Quantity:4) Inject 25 mg SQ twice weekly 72-96 hours apart (Quantity:8)							
Xeljanz®		5 mg Tablets		Take 5 mg PO twice daily (Quantity: 60)							
Xeljanz XR®		11 mg Tablets		Take 11 mg PO once daily (Quantity: 30)							
Other											
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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