

Faxed prescriptions will only be accepted from a prescriber. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.



SENDERRA

Specialty Pharmacy

3712 E. Plano Parkway, Ste. 200 Plano, TX 75074

This prescription form is to be sent & received via fax

Asthma/Respiratory Enrollment Form

Physician Offices Call: 855-460-7928

Fax: 888-777-5645

Prescriber: NPI: Supervising Physician: NPI: Address: Tax ID: Phone: Fax: Contact:

PATIENT INFORMATION

Name: M F Trans M Trans F Other DOB: SS#: Street: City: State: ZIP: Phone: Alt. Phone: English Spanish Other: Wt.: Ht.:

PRESCRIPTION

Has the patient received a loading dose/starter kit? Yes Start Date: No Ship to: Patient's Home Doctor's Office Other:

Table with columns: Drug, Strength, Directions & Quantity, Refills. Rows include Actemra, Acthar Gel, Dupixent, and Purified Cortrophin Gel.

MEDICAL INFORMATION

PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY

PREVIOUS THERAPIES: Short-acting beta-agonist (SABA), Inhaled corticosteroids with long-acting beta-agonist (ICS/LABA) combination therapy, etc. Tried & Failed (Duration): Not Tolerated: Therapy Contraindications:

IgE Level: Date: Eosinophil levels: cells/mL Date: Number of severe exacerbations past 12 months: Patient has moderate to severe asthma that requires add-on maintenance treatment Patient is not a candidate for surgery Rationale:

Date of Diagnosis: Allergies: D86.9 Sarcoidosis, unspecified J30.89 Other allergic rhinitis J32.9 Chronic sinusitis, unspecified J33.0 Polyp of Nasal Cavity J33.9 Nasal Polyp, unspecified J44.9 Chronic Obstructive Pulmonary Disease, unspecified J45.40 Moderate Persistent Asthma, uncomplicated J45.41 Moderate Persistent Asthma w/ acute exac. J45.50 Severe Persistent Asthma, uncomplicated J45.51 Severe Persistent Asthma w/ acute exac. M34.81 Systemic Sclerosis-Associated Interstitial Lung Disease (SSC-ILD) Other:

Additional Clinical Information:

INJECTION TRAINING

Patient has received pen and injection training Physician's office to provide injection training Senderra to coordinate injection training

PRESCRIBER SIGNATURE

To Prescriber: By signing this form and utilizing our services, you are also authorizing Senderra to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.

Prescriber: Date:

CONFIDENTIALITY NOTICE

IMPORTANT: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.