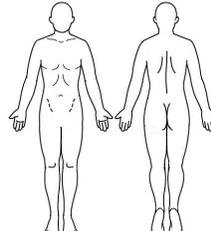


 <p><b>SENDERRA</b> Specialty Pharmacy 3712 E. Plano Parkway, Ste. 200 Plano, TX 75074 <i>This prescription form is to be sent &amp; received via fax</i></p>	<b>Dermatology Oral/Topical Enrollment Form</b>	<b>Prescriber:</b>	<b>NPI:</b>	
	<b>Physician Offices Call: 855-460-7928</b>	<b>Supervising Physician:</b>	<b>NPI:</b>	
	<b>Fax: 888-777-5645</b>	<b>Address:</b>	<b>Tax ID:</b>	
		<b>Phone:</b>	<b>Fax:</b>	
		<b>Contact:</b>		

PATIENT INFORMATION							
Name:	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Trans M	<input type="checkbox"/> Trans F	<input type="checkbox"/> Other	DOB: / /	SS#: - -
Street:	City:	State:			ZIP:		
Phone:	Alt. Phone:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			Wt.:	Ht.:	

PRESCRIPTION			
Has the patient received a loading dose/starter kit? <input type="checkbox"/> Yes Start Date: / / <input type="checkbox"/> No SHIP TO: <input type="checkbox"/> Patient's Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other: _____			
Drug	Quantity	Directions & Quantity	Refills
Icotyde™	200 mg Tablet	<input type="checkbox"/> Take 200 mg PO once daily on an empty stomach with water upon waking & allow 30 minutes after taking before eating (Quantity: 30)	
Leqselvi™	8 mg Tablet	<input type="checkbox"/> Take 8 mg PO twice daily (Quantity: 60)	
Litfulo®	50 mg Capsule	<input type="checkbox"/> Take 50 mg PO once daily (Quantity: 28)	
Olumiant®	<input type="checkbox"/> 2 mg Tablet	<input type="checkbox"/> Take 2 mg PO once daily (Quantity: 30)	
	<input type="checkbox"/> 4 mg Tablet	<input type="checkbox"/> Take 4 mg PO once daily (Quantity: 30)	
Opzelura®	1.5 % Cream 60 gm	<input type="checkbox"/> Apply a thin layer to affected area(s) twice a day (Quantity: 1 tube)	
Otezla®	30 mg Starter Pack	<input type="checkbox"/> Take as directed per package instructions (Quantity: 55)	
	30 mg Tablet	<input type="checkbox"/> Take 30 mg PO twice daily (Quantity: 60)	
	XR Starter Pack	<input type="checkbox"/> Take as directed per package instructions (Quantity: 41)	
	XR 75 mg Tablet	<input type="checkbox"/> Take 75 mg PO once daily (Quantity: 30)	
Rhapsido®	25 mg Tablet	<input type="checkbox"/> Take 25 mg PO twice daily with or without food (Quantity: 60)	
Sotyktu™	6 mg Tablet	<input type="checkbox"/> Take 6 mg PO once daily (Quantity: 30)	
Vtama®	1% Cream 60 gm	<input type="checkbox"/> Apply a thin layer to affected area(s) once a day (Quantity: 1 tube)	

MEDICAL INFORMATION				
***PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY***				
PREVIOUS THERAPIES:	Tried & Failed (Duration):	Not Tolerated:	Contraindication:	 <p><b>Affected Areas</b></p> <input type="checkbox"/> Face <input type="checkbox"/> Feet <input type="checkbox"/> Groin <input type="checkbox"/> Hands <input type="checkbox"/> Nails <input type="checkbox"/> Scalp <input type="checkbox"/> Other: _____ PASI Score: _____ BSA _____ % SALT Score: _____
<input type="checkbox"/> Methotrexate	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____	
<input type="checkbox"/> Soriatane	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____	
<input type="checkbox"/> Clobetasol	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____	
<input type="checkbox"/> Stelara	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____	
<input type="checkbox"/> Humira	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____	
<input type="checkbox"/> Enbrel	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____	
<input type="checkbox"/> _____	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____	
PHOTOTHERAPY	Tried & Failed (Duration):	Not Tolerated:	Contraindication:	
<input type="checkbox"/> UVA /UVB	<input type="checkbox"/> (_____)	<input type="checkbox"/>	_____	
<input type="checkbox"/> Patient cannot afford	<input type="checkbox"/> Photosensitivity	<input type="checkbox"/> Risk of Skin Cancer	<input type="checkbox"/> Distance from Office	
<input type="checkbox"/> L20.9 Atopic Dermatitis		<input type="checkbox"/> L40.0 Psoriasis Vulgaris (Plaque Psoriasis)		
<input type="checkbox"/> L50.8 Other Urticaria		<input type="checkbox"/> L63.9 Alopecia areata, unspecified		
<input type="checkbox"/> L80 Vitiligo		<input type="checkbox"/> Other: _____		
Active TB ruled out: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / /	Hep B ruled out/treated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / /	

**Additional Clinical Information:**

**American Academy of Dermatology Consensus Statement on Psoriasis Therapies**

Psoriasis is covering greater than 10% of body surface area  Psoriasis is on palms, soles, head and neck, or genitalia  Psoriasis occurs in conjunction with pain, swelling, or stiffness in joints

Psoriasis patient needs more aggressive therapy due to impact on ability to perform daily activities, employment or interpersonal relationships

**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**

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