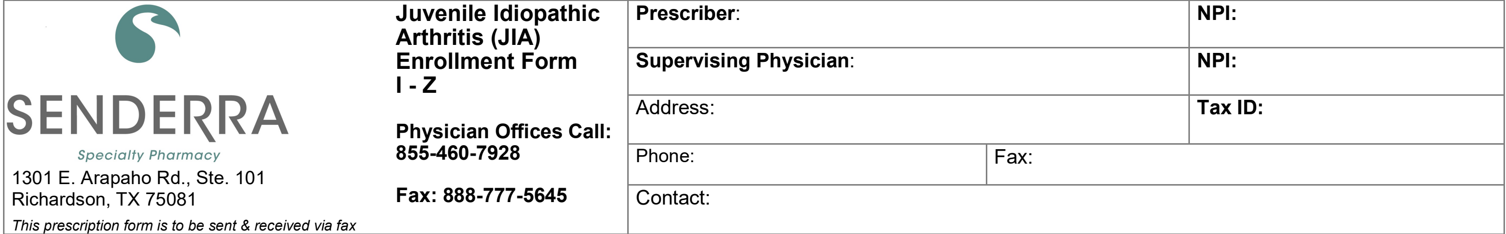
Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.



SENDERRA Specialty Pharmacy

1301 E. Arapaho Rd., Ste. 101
Richardson, TX 75081

This prescription form is to be sent & received via fax

Juvenile Idiopathic Arthritis (JIA) Enrollment Form I - Z

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

☐New ☐ Refill | Ship by: ____/____/_____ | SHIP TO: ☐ Patient's Home ☐ Doctor's Office ☐ Other: __________________

Drug		Directions		Quantity	Refills
Orencia®	☐ 250 mg Vial WEIGHT REQUIRED: _____	INTRAVENOUS (IV): ☐ INITIAL: Infuse ______ mg via IV on week 0, 2, and 4	***WEIGHT BASED GUIDELINES:*** (<75 kg: 10 mg/kg) (75 kg-100 kg: 750 mg) (≥100 kg: 1000 mg)	QS: 3 doses	
		☐ MAINTENANCE: Infuse ______ mg via IV every 4 weeks		QS: 1 dose	
	☐ Pre-filled Syringe ☐ ClickJect ™	SUBCUTANEOUS (SQ): ☐ Inject 50 mg SQ once weekly **(10 kg to less than 25 kg)** ☐ Inject 87.5 mg SQ once weekly **(25 kg to less than 50 kg)** ☐ Inject 125 mg SQ once weekly **(≥50 kg)**	***WEIGHT REQUIRED*** _____	4	
Stelara®	☐ 45 mg Vial	☐ **INITIAL:** Inject ___ mg (0.75 mg/kg x___kg) SQ at weeks 0 & 4	***WEIGHT REQUIRED*** _____ ***Intended for weight < 60 kg/132 lbs***	QS: 2 doses	
		☐ **MAINTENANCE:** Inject ___ mg (0.75 mg/kg x___kg) SQ every 12 weeks		QS: 1 dose	
	☐ 45 mg Pre-filled Syringe	☐ **INITIAL:** Inject 45 mg SQ at weeks 0 & 4	***Intended for weight ≥ 60 kg/132 lbs***	2	
		☐ **MAINTENANCE:** Inject 45 mg SQ every 12 weeks		1	
	☐ 90 mg Pre-filled Syringe	☐ **INITIAL:** Inject 90 mg SQ at weeks 0 & 4	***Intended for weight > 100 kg/220 lbs with co-existent moderate-to-severe plaque psoriasis***	2	
		☐ **MAINTENANCE:** Inject 90 mg SQ every 12 weeks		1	
Xeljanz®	5 mg Tablet	☐ Take 5 mg PO twice daily	***WEIGHT REQUIRED*** _____	60	
	1 mg/mL Solution	☐ Take 3.2 mg PO twice daily **(10 kg to less than 20 kg)** ☐ Take 4 mg PO twice daily **(20 kg to less than 40 kg)** ☐ Take 5 mg PO twice daily **(≥40 kg)**		240	

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:
☐ Methotrexate	☐(________________)	☐	______________________
☐ Sulfasalazine	☐(________________)	☐	______________________
☐ Meloxicam	☐(________________)	☐	______________________
☐ Naproxen/Aleve	☐(________________)	☐	______________________
☐ Enbrel	☐(________________)	☐	______________________
☐ Humira	☐(________________)	☐	______________________
☐ _______________	☐(________________)	☐	______________________

Date of Diagnosis: ___/___/______ Allergies:______________________________

☐ M08.00 Unspecified Juvenile Idiopathic Arthritis of Unspecified Site ☐M08.09 Unspecified juvenile rheumatoid arthritis, multiple sites (pcJIA)

☐ L40.54 Psoriatic juvenile arthropathy (JPsA) ☐ Other: ______________________________

Active TB is ruled out: ☐Yes ☐No Date: ___/___/________ Hep B ruled out/treated: ☐Yes ☐No Date: ___/___/________

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 Rx 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.