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
1301 E. Arapaho Rd., Ste. 101
Richardson, TX 75081
This prescription form is to be sent & received via fax

Psoriatic Arthritis Enrollment Form A-H

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:___________**

Drug		Directions & Quantity		Refills
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 ☐ Pre-filled Syringe	**ADULT:** ☐ **INITIAL:** Inject 150 mg SQ at week 0, 1, 2, 3, and 4 (Quantity: 5) ☐ **INITIAL:** Inject 300 mg SQ at week 0, 1, 2, 3, and 4 (Quantity: 10)	☐ **MAINTENANCE:** Inject 150 mg SQ every 4 weeks (Quantity: 1) ☐ **MAINTENANCE:** Inject 300 mg SQ every 4 weeks (Quantity: 2)	
	☐ Pre-filled Syringe	**PEDIATRIC (ages 2 to 17):** ☐ **INITIAL:** Inject 75 mg SQ at week 0, 1, 2, 3, and 4 (Quantity: 5)	☐ **MAINTENANCE:** Inject 75 mg SQ every 4 weeks (Quantity: 1) *****WEIGHT REQUIRED***** ______ *****Intended for weight ≥ 15 kg/33 lbs to < 50 kg/ 110 lbs*****	
	☐ Sensoready Pen ☐ Pre-filled Syringe	☐ **INITIAL:** Inject 150 mg SQ at week 0, 1, 2, 3, and 4 (Quantity: 5)	☐ **MAINTENANCE:** Inject 150 mg SQ every 4 weeks (Quantity: 1) *****Intended for weight ≥ 50 kg/110 lbs*****	
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***	☐ Pen ☐ Pre-filled Syringe	☐Inject 40 mg SQ every **other** week (Quantity: 2)		

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	☐ (__________________)	☐	______________________
☐ Plaquenil	☐ (__________________)	☐	______________________
☐ Enbrel	☐ (__________________)	☐	______________________
☐ __________________	☐ (__________________)	☐	______________________
☐ __________________	☐ (__________________)	☐	______________________

☐ L40.50 Arthropathic Psoriasis, Unspecified (Psoriatic Arthritis)
☐ L40.52 Psoriatic Arthritis Mutilans
☐ L40.54 Psoriatic Juvenile Arthropathy
☐ L40.59 Other Psoriatic Arthropathy
☐ Other: ____________________________________

Date of Diagnosis: _____/_____/__________ Allergies:____

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 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.