



SENDERRA

Specialty Pharmacy

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

Purified Cortrophin Gel Enrollment Form

Physician Offices Call:
855-460-7928
Fax: 888-777-5645

Prescriber:

Supervising Physician:

Address:

Phone:

Fax:

Contact:

NPI:

NPI:

Tax ID:

This prescription form is to be sent & received via fax

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	
Purified Cortrophin® Gel	<input type="checkbox"/> 1mL multi-dose vial	Dose: <input type="checkbox"/> Units <input type="checkbox"/> mL	Route of Administration: <input type="checkbox"/> IM <input type="checkbox"/> SQ		Schedule/Frequency: 	Quantity of Vials:
	<input type="checkbox"/> 5mL multi-dose vial					
	<input type="checkbox"/> 80 units/mL Pre-filled syringe	Route of Administration: <input type="checkbox"/> SQ	Schedule/Frequency: 		Quantity of Syringes: 	
	<input type="checkbox"/> 40 units/0.5mL Pre-filled syringe					
Supplies	<input type="checkbox"/> Sharps Container	<input type="checkbox"/> 1cc syringe			Quantity: 	
	<input type="checkbox"/> Syringe	<input type="checkbox"/> 23 G x 1"			Quantity: 	
	<input type="checkbox"/> Needles	<input type="checkbox"/> 25 G x 5/8"			Quantity: 	

MEDICAL INFORMATION

PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES & LAB WORK PERTINENT TO THERAPY

PREVIOUS THERAPIES:

Tried & Failed (Duration):

Not Tolerated:

Contraindication:

☐ M06.9 Rheumatoid Arthritis, unspecified
☐ L20.9 Atopic Dermatitis, unspecified
☐ M33.20 Polymyositis, organ involvement unspecified
☐ M45.9 Ankylosing Spondylitis of unspecified sites in spine
☐ D86.0 Sarcoidosis of lung
☐ L40.50 Arthropathic Psoriasis, unspecified (Psoriatic Arthritis)
☐ Other:

☐ M10.00 Idiopathic Gout, unspecified site
☐ M33.90 Dermatopolymyositis, unspecified, organ involvement unspecified
☐ L40.9 Psoriasis, unspecified
☐ M32.10 Systemic lupus erythematosus, organ or system involvement unspecified
☐ M08.00 Unspecified Juvenile Rheumatoid Arthritis of unspecified site
☐ D86.9 Sarcoidosis, unspecified

☐ G35 Multiple Sclerosis
☐ Other:

Is Cortrophin to be used to treat an acute exacerbation?

Yes

No (If yes, please provide date of onset: / /)

☐ R80.9 Proteinuria (Please indicate etiology):
☐ Other:

☐ Focal Segmental Glomerular Sclerosis (FSGS)
☐ IgA Nephropathy (IgAN)
☐ Lupus Nephritis (LN)
☐ Membranous Nephropathy (MN)
☐ Minimal change disease (MCD)

☐ H10.45 Other chronic allergic conjunctivitis
☐ H20.9 Iridocyclitis (Uveitis), unspecified
☐ H30.90 Unspecified Chorioretinal inflammation, unspecified eye (Choroiditis)
☐ H16.409 Unspecified Corneal Neovascularization, unspecified eye

☐ H16.9 Keratitis, unspecified
☐ H46.9 Optic Neuritis, unspecified
☐ H30.009 Chorioretinitis and Focal Retinochoroiditis
☐ Other:

Allergies:

Date of Diagnosis: / /

A corticosteroid was tried with the following response(s):
☐ Patient hypersensitive or allergic
☐ Patient intolerant to corticosteroids
☐ Corticosteroid use failed, but same response not expected with Cortrophin Gel
☐ Previous corticosteroids tried were: ☐ Oral ☐ IV

History of Corticosteroid Use

A corticosteroid was not tried due to the following response(s):
☐ Corticosteroid use is contraindicated for this patient
☐ Patient has known intolerance to corticosteroids
☐ Intravenous access is not possible for this patient
☐ 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

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