

 <p style="font-size: 24pt; font-weight: bold; margin-top: 10px;">SENDERRA</p> <p style="font-size: 10pt; margin-top: 5px;">Specialty Pharmacy</p> <p style="font-size: 10pt; margin-top: 5px;">3712 E. Plano Parkway, Ste. 200 Plano, TX 75074</p> <p style="font-size: 8pt; margin-top: 5px;">This prescription form is to be sent & received via fax</p>	<p style="font-weight: bold; margin: 0;">Rheumatology Enrollment Form I - Z</p> <p style="margin: 5px 0 0 0;">Physician Offices Call: 855-460-7928</p> <p style="margin: 5px 0 0 0;">Fax: 888-777-5645</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px 5px;">Prescriber:</td> <td style="padding: 2px 5px;">NPI:</td> </tr> <tr> <td colspan="2" style="padding: 2px 5px;">Supervising Physician:</td> <td style="padding: 2px 5px;">NPI:</td> </tr> <tr> <td colspan="2" style="padding: 2px 5px;">Address:</td> <td style="padding: 2px 5px;">Tax ID:</td> </tr> <tr> <td style="padding: 2px 5px;">Phone:</td> <td colspan="2" style="padding: 2px 5px;">Fax:</td> </tr> <tr> <td colspan="3" style="padding: 2px 5px;">Contact:</td> </tr> </table>	Prescriber:		NPI:	Supervising Physician:		NPI:	Address:		Tax ID:	Phone:	Fax:		Contact:		
	Prescriber:		NPI:														
	Supervising Physician:		NPI:														
	Address:		Tax ID:														
	Phone:	Fax:															
Contact:																	

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	Directions & Quantity		Refills
Kevzara® <input type="checkbox"/> 150 mg Pre-filled Syringe <input type="checkbox"/> 150 mg Pen <input type="checkbox"/> 200 mg Pre-filled Syringe <input type="checkbox"/> 200 mg Pen	<input type="checkbox"/> Inject 150 mg SQ every 2 weeks (Quantity: 2) <input type="checkbox"/> Inject 200 mg SQ every 2 weeks (Quantity: 2)		
Olumiant® <input type="checkbox"/> 2 mg Tablets	<input type="checkbox"/> Take 2 mg PO once daily (Quantity: 30)		
Orencia® <input type="checkbox"/> 250 mg Vials <input type="checkbox"/> Pre-filled Syringe <input type="checkbox"/> ClickJect™	<p style="font-size: 8pt; margin: 0;">INTRAVENOUS (IV):</p> <input type="checkbox"/> INITIAL: Infuse ____ mg via IV on week 0, 2, and 4(Quantity: QS 3 doses) <input type="checkbox"/> MAINTENANCE: Infuse ____ mg via IV every 4 weeks (Quantity: QS 1 dose) <p style="font-size: 8pt; margin: 0;">SUBCUTANEOUS (SQ):</p> <input type="checkbox"/> Inject 125mg SQ once weekly (Quantity: 4)		
Otezla® <input type="checkbox"/> 28 Day Starter Pack <input type="checkbox"/> 30 mg Tablets	<input type="checkbox"/> Take as directed per package instructions (Quantity: 55) <input type="checkbox"/> Take 30 mg PO twice daily (Quantity: 60)		
Rinvoq™ 15 mg Tablets	<input type="checkbox"/> Take 15 mg PO once daily (Quantity: 30)		
Simponi® <input type="checkbox"/> SmartJect® (Pen) <input type="checkbox"/> Pre-filled Syringe	<input type="checkbox"/> Inject 50 mg SQ once a month (Quantity: 1)		
Xeljanz® 5 mg Tablets	<input type="checkbox"/> Take 5 mg PO twice daily (Quantity: 60)		
Xeljanz® XR 11 mg Tablets	<input type="checkbox"/> Take 11 mg PO once daily (Quantity: 30)		

MEDICAL INFORMATION			
PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY			
PREVIOUS THERAPIES: <input type="checkbox"/> Methotrexate <input type="checkbox"/> Plaquenil <input type="checkbox"/> Naproxen / Aleve <input type="checkbox"/> Enbrel <input type="checkbox"/> Humira <input type="checkbox"/> Cimzia <input type="checkbox"/> _____	Tried & Failed (Duration): <input type="checkbox"/> (_____)	Not Tolerated: <input type="checkbox"/> _____	Contraindication: _____ _____ _____ _____ _____
<input type="checkbox"/> M05.9 Rheumatoid Arthritis with Rheumatoid Factor, Unspecified <input type="checkbox"/> M06.9 Rheumatoid Arthritis, Unspecified <input type="checkbox"/> M31.6 Other Giant Cell Arteritis <input type="checkbox"/> M35.3 Polymyalgia Rheumatica	<input type="checkbox"/> M05.79 Rheumatoid Arthritis with Rheumatoid Factor of mult. sites w/o organ or system involvement <input type="checkbox"/> M06.09 Rheumatoid Arthritis without Rheumatoid Factor, multiple sites <input type="checkbox"/> M35.2 Behcet's disease <input type="checkbox"/> Other: _____		
Date of Diagnosis: ____/____/____ Allergies: _____			
Active TB is 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: _____ _____ _____			

INJECTION TRAINING	
<input type="checkbox"/> Patient has received pen and injection training	<input type="checkbox"/> Physician's office to provide injection training <input type="checkbox"/> 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.	