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

Adalimumab Biosimilar Enrollment Form

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
Amjevita™	☐ 40 mg SureClick Autoinjector ☐ 40 mg Pre-filled Syringe ☐ 20 mg Pre-filled Syringe	**INITIAL/LOADING DOSES:** **PSORIASIS:** ☐Inject 80 mg on SQ on day 1, 40 mg on day 8, then 40 mg every **other** week (Quantity: 4) **CROHN'S/ULCERATIVE COLITIS:** ☐Inject 160 mg on SQ on day 1, then 80 mg on day 15 (Quantity: 6) **MAINTENANCE DOSES:** ☐Inject 40 mg SQ every **other** week (Quantity: 2) ☐Inject 40 mg SQ weekly (Quantity: 4) ☐Inject 20 mg SQ every **other** week (Quantity: 2) ***Intended for JIA patients 15 kg (33 lbs) to <30 kg (66 lbs)***	

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	☐ (_____)	☐	_____
☐ Clobetasol	☐ (_____)	☐	_____
☐ Naproxen / Aleve	☐ (_____)	☐	_____
☐ Sulfasalazine	☐ (_____)	☐	_____
☐ Pentasa	☐ (_____)	☐	_____
☐ Enbrel	☐ (_____)	☐	_____
☐ Cimzia	☐ (_____)	☐	_____
☐ Stelara	☐ (_____)	☐	_____
☐ _____	☐ (_____)	☐	_____
☐	☐ (_____)	☐	_____

☐ K50.00 Crohn's disease of small intestine, withouth complications
☐ K50.10 Crohn's disease of large intestine, without complications
☐ K50.80 Crohn's disease of both intestines, without complications
☐ K50.90 Crohn's disease unspecified, without complications
☐ K51.80 Other Ulcerative Coilitis, without complications
☐ K51.90 Ulcerative Colitis unspecified, without complications
☐ L40.0 Psoriasis Vulgaris (Plaque Psoriasis)
☐ L40.50 Arthropathic Psoriasis, Unspecified (Psoriatic Arthritis)
☐ M06.9 Rheumatoid Arthritis, Unspecified
☐ M05.9 Rheumatoid Arthritis with Rheumatoid Factor, Unspecified
☐ M06.09 Rheumatoid Arthritis without Rheumatoid Factor, multiple sites
☐ M08.00 Unspecified juvenile idiopathic arthritis of unspecified site
☐ M08.09 Unspecified juvenile rheumatoid arthritis, multiple sites (pcJIA)
☐ M05.79 Rheu. Arthritis with rheumatoid factor of mult. sites w/o organ or system involvement
☐ M45.9 Ankylosing Spondylitis, Unspecified
☐ 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

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