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40 mg/0 8 ml. Pen												
Hullo* do mg/0.8 ml. Pen Pre-diled Syringe do mg/0.8 ml. do mg/0.8 ml.				PSORIASIS/UVEITIS: Inject 80 mg on SQ day 1, 40 mg on day 8, then 40 mg every other week (Quantity: 4)								
Hullo? Pre-Silled Syringe	Hulio [®]	☐ 40 mg/0.8 ml. Pen		CROHN S/UC/HS: Inject 160 mg on SQ on day 1, then 80 mg on day 15 (Quantity: 6) (88 lbs)***								
do mg/0.8 ml.		Pre-filled Syringe 40 mg/0.8 mL		28 days) < 40 kg (88 lbs)***								
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Inject 80 mg SQ every other week (Quantilty: QS 28 days) Inject 10 mg SQ every other week (Quan												
Do mg/0.2 mL Pre-filled Syringe												
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		20 mg/0.2 mL Pre-filled Syringe		□ Inject 10 mg SQ every other week (Quantity: 2) ***Intended for JIA patients 10 kg (22 lbs) to <15 kg (33 lb								
PREVIOUS THERAPIES: Tried & Failed (Duration): Not Tolerated: Contraindication: Methotrexate		10 mg/0.1 mL Pre-filled Syringe								lisease		
Methotrexate												
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H20.9 Iridocyclitis (Uveitis), unspecified			,		_)							
H20.9 Iridocyclitis (Uveitis), unspecified		,	,)							
L40.0 Psoriasis Vulgaris (Plaque Psoriasis) L40.50 Arthropathic Psoriasis, unspecified (Psoriatic Arthritis) M05.9 Rheumatoid Arthritis with M06.09 Rheumatoid Arthritis without Rheumatoid Factor, multiple sites M06.09 Rheumatoid Arthritis, unspecified M08.09 Unspecified juvenile RA, multiple sites (pcJIA) Date of Diagnosis: Active TB is ruled out: Yes No Date: M96.09 Rheumatoid Arthritis, unspecified M06.19 Rheumatoid Arthritis, unspecif												
M05.9 Rheumatoid Arthritis with Rheumatoid Factor, unspecified M06.09 Rheumatoid Arthritis without Rheumatoid Factor, unspecified M06.9 Rheumatoid Arthritis, unspecified M08.09 Unspecified juvenile RA, multiple sites M45.9 Ankylosing Spondylitis, unspecified Other:											t complications	
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Sites (pcJIA) Date of Diagnosis: / Allergies:	Rheumatoid Factor, unspecified multiple sites								is, unspecified			
Date of Diagnosis:												
Active TB is ruled out:												
Additional Clinical Information: INJECTION TRAINING												
Patient has received pen and injection training Physician's office to provide 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					<u> </u>		,					
Patient has received pen and injection training Physician's office to provide 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												
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												
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:		☐ Patient has receive	ed pen and in	ection trainir	ng ப			ng 🎞 Send	erra to coordinate injec	tion training		
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