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
3712 E. Plano Parkway, Ste. 200
Plano, TX 75074
This prescription form is to be sent & received via fax

Juvenile Idiopathic Arthritis (JIA) 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

☐ **New** ☐ **Refill** | **Ship by:** ____/____/_____ | **SHIP TO:** ☐ **Patient's Home** ☐ **Doctor's Office** ☐ **Other:** _____

Drug		Directions	Quantity	Refills
Actemra®	☐ Vial	**INTRAVENOUS (IV):** ☐ **PJIA –** Infuse 10 mg/kg every 4 weeks via IV **(< 30 kg)** ☐ **PJIA –** Infuse 8 mg/kg every 4 weeks via IV **(≥ 30 kg)** ***WEIGHT REQUIRED*** ☐ **SJIA –** Infuse 12 mg/kg every 2 weeks via IV **(< 30 kg)** _____ ☐ **SJIA –** Infuse 8 mg/kg every 2 weeks via IV **(≥ 30 kg)**		
	☐ Pre-filled Syringe ☐ ACTPen®	**SUBCUTANEOUS (SQ):** ☐ **PJIA –** Inject 162 mg SQ once every 3 weeks **(< 30 kg)** ☐ **PJIA –** Inject 162 mg SQ once every 2 weeks **(≥ 30 kg)** ***WEIGHT REQUIRED*** ☐ **SJIA –** Inject 162 mg SQ once every 2 weeks **(< 30 kg)** _____ ☐ **SJIA –** Inject 162 mg SQ once weekly **(≥ 30 kg)**	**1** **2** **2** **4**	
Cosentyx®	☐ Pre-filled Syringe	☐ **INITIAL:** Inject 75 mg SQ at week 0, 1, 2, 3, and 4 **(≥ 15 kg to < 50 kg)** ☐ **MAINTENANCE:** Inject 75 mg SQ every 4 weeks ***WEIGHT REQUIRED*** _____	**5** **1**	
	☐ Sensoready Pen ☐ Pre-filled Syringe	☐ **INITIAL:** Inject 150 mg SQ at week 0, 1, 2, 3, and 4 **(≥ 50 kg)** ☐ **MAINTENANCE:** Inject 150 mg SQ every 4 weeks	**5** **1**	
Enbrel®	☐ SureClick® Pen ☐ Mini® with AutoTouch® ☐ Pre-filled Syringe ☐ 25 mg ☐ 50 mg ☐ 25 mg Vial	☐ Inject ___ mg (0.8mg/kg x ___kg SQ every week) **(≤63 kg)** ***WEIGHT REQUIRED*** _____	**____ x 25 mg/0.5 mL**	
		☐ Inject 50 mg SQ every week **(>63 kg)**	**4**	
Humira® *Citrate Free*	☐ Pre-filled Syringe ☐ Pen	☐ Inject 10 mg SQ every **other** week **(10 kg to <15 kg)** ☐ Inject 20 mg SQ every **other** week **(15 kg to <30 kg)** ***WEIGHT REQUIRED*** ☐ Inject 40 mg SQ every **other** week **(≥ 30 kg)** _____		

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	☐(_____)	☐	_____
☐ Enbrel	☐(_____)	☐	_____
☐ Humira	☐(_____)	☐	_____
☐ _____	☐(_____)	☐	_____

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

☐ M08.00 Unspecified juvenile idiopathic arthritis of unspecified site
☐ M08.09 Unspecified juvenile rheumatoid arthritis, multiple sites (pcJIA)
☐ M08.80 Other juvenile arthritis, unspecified site (Enthesitis-related arthritis)
☐ L40.54 Psoriatic juvenile arthropthy (JPsA)
☐ Other: _____

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.