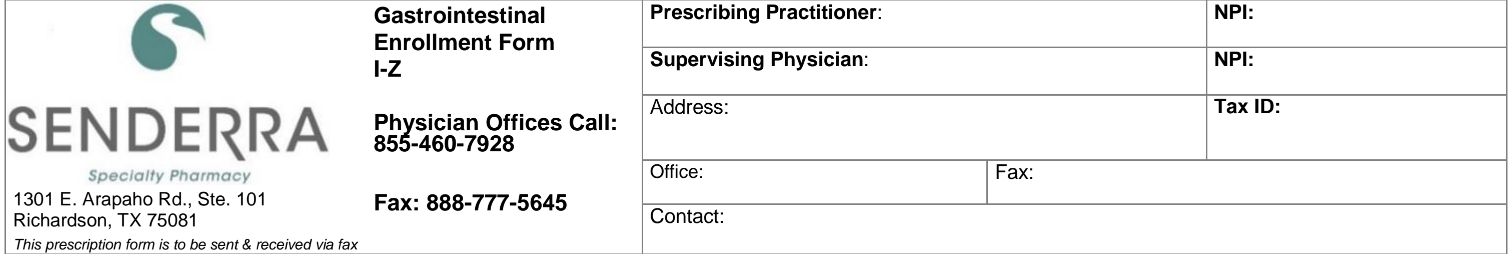
Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.



Gastrointestinal Enrollment Form I-Z

Physician Offices Call: 855-460-7928

Fax: 888-777-5645

SENDERRA Specialty Pharmacy
1301 E. Arapaho Rd., Ste. 101
Richardson, TX 75081

This prescription form is to be sent & received via fax

Prescribing Practitioner:	**NPI:**
Supervising Physician:	**NPI:**
Address:	**Tax ID:**
Office:	Fax:
Contact:	

PATIENT INFORMATION

Name:	☐ M ☐ F	DOB: _____/_____/__________	SS#: _____-_____-__________
Street:	City:	State:	ZIP:
Tel:	Alt. Tel:	☐ English ☐ Spanish ☐ Other: ________	Wt.: ________ Ht.: ________

PRESCRIPTION

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

Drug		**Directions & Quantity**	**Refills**
Remicade®	☐ Vials	☐ **INITIAL:** Infuse ________mg IV on day 0, 14, and 42 (Quantity: ____) ☐ **MAINTENANCE:** Infuse ________mg IV every 8 weeks (Quantity: ____)	
Simponi®	☐ 100 mg SmartJect® Pen ☐ 100 mg Pre-filled Syringe	☐ **INITIAL:** Inject 200 mg SQ on day 0, then 100 mg on day 14 (Quantity: 3) ☐ **MAINTENANCE:** Inject 100 mg SQ every 4 weeks (Quantity: 1)	
Stelara®	☐ 130mg/26mL Vials ☐ Pre-filled Syringe **Weight Required:**____________	☐ **INITIAL INTRAVENOUS DOSAGE:** A single intravenous infusion using weight-based dosing: Up to 55kg=260 mg (2 vials), >55kg to 85kg=390 mg (3 vials), >85kg=520 mg (4 vials) ☐ **MAINTENANCE:** Inject 90 mg SQ 8 weeks after initial dose, then every 8 weeks thereafter (1 syringe)	
Xeljanz®	10 mg Tablets	☐ **INITIAL:** Take 10 mg PO twice daily (Quantity: 60 with 1 refill)	
	5 mg Tablets 10 mg Tablets	☐ **MAINTENANCE:** Take 5 mg PO twice daily (Quantity: 60) ☐ **MAINTENANCE:** Take 10 mg PO twice daily (Quantity: 60)	

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	☐ (___________________)	☐	__________________________________
☐ Sulfasalazine	☐ (___________________)	☐	__________________________________
☐ Pentasa	☐ (___________________)	☐	__________________________________
☐ Entocort	☐ (___________________)	☐	__________________________________
☐ Cimzia	☐ (___________________)	☐	__________________________________
☐ Humira	☐ (___________________)	☐	__________________________________
☐ ___________________	☐ (___________________)	☐	__________________________________
☐ ___________________	☐ (___________________)	☐	__________________________________

☐ K50.00 Crohn's disease of small intestine, without complications
☐ K50.80 Crohn's disease of both intestines, without complications
☐ K51.50 Left-sided Ulcerative Colitis, without complications
☐ K51.90 Ulcerative Colitis unspecified, without complications
☐ K50.10 Crohn's disease of large intestine, without complications
☐ K50.90 Crohn's disease unspecified, without complications
☐ K51.80 Other Ulcerative Colitis, without complications
☐ Other: ____

Date of Diagnosis: ____/____/________ **Allergies:**____

Active TB is ruled out: ☐Yes ☐No Date: ____/____/________ Hep B ruled out/treated: ☐Yes ☐No Date: ____/____/________

☐Patient is steroid dependent

Additional Clinical Information:

INJECTION TRAINING

☐Patient has received pen and injection training ☐ Physician's office to provide injection training ☐ Senderra to coordinate injection training

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: 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.

Prescribing Practitioner: **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.