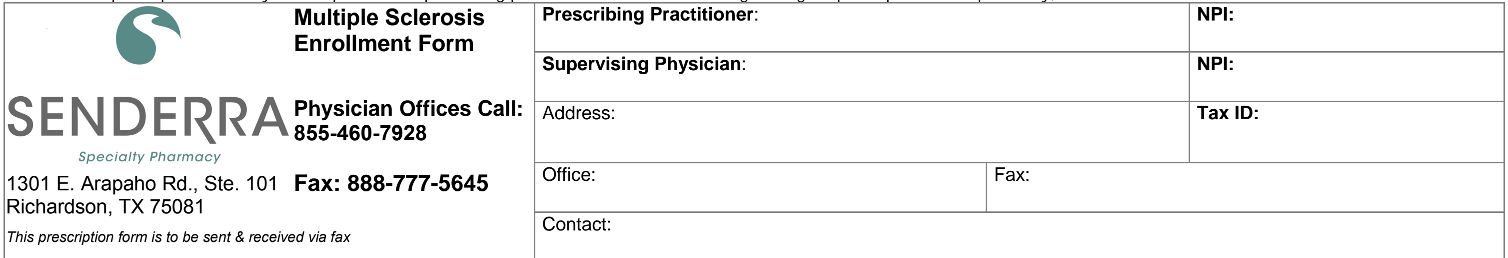
Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy, and cannot fax these referral forms to Senderra.



Multiple Sclerosis Enrollment Form

SENDERRA Specialty Pharmacy

Physician Offices Call: 855-460-7928

Fax: 888-777-5645

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#: _____-_____-__________
Tel:	Al. Tel:	☐ English ☐ Spanish ☐ Other: ________	Wt.: ________ Ht.: ________
Street:	City:	State:	ZIP:

MEDICAL INFORMATION

Prior Failed Medication(s):	Length of Treatment	Reason for Discontinuing
	_____/_____/_________ - _____/_____/_________	
	_____/_____/_________ - _____/_____/_________	

Date of Diagnosis:_______/______/__________
☐ G35 Multiple Sclerosis
☐ Other: ______________________________

Type: ☐ Relapse-remitting ☐ Primary-progressive ☐ Secondary-progressive ☐ Progressive-relapsing

Number of relapses in the past year:___________

Date of last MRI: ____/______/________

Were there any changes with the latest MRI? ☐ Yes ☐ No

Is this patient nursing or planning pregnancy? ☐ Yes ☐ No

Allergies:

PLEASE FAX COPY OF PRESCRIPTION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY LAB NOTES REGARDING THERAPY

PRESCRIPTION

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

Drug		**Directions & Quantity**	**Refills**
Avonex®	☐ 30 mcg Pen ☐ 30 mcg Pre-filled Syringe ☐ 30 mcg Single-dose Vial	☐ Inject 7.5 mcg on week 1, 15 mcg on week 2, 22.5 mcg on week 3, and 30 mcg weekly starting on week 4 (Quantity:4) ☐ Inject 30mcg IM once weekly (Quantity: 4)	
Betaseron®	☐ 0.3 mg Vial	☐ **INITIAL:** Weeks 1-2: Inject 0.0625mg/0.25ml SQ every other day (Quantity:7) Weeks 3-4: Inject 0.125mg/0.50ml SQ every other day (Quantity: 7) Weeks 5-6: Inject 0.1875mg/0.75ml SQ every other day (Quantity:7) Weeks 7+: Inject 0.25mg/1ml SQ every other day (Quantity: 7) ☐ **MAINTENANCE:** Inject 0.25mg/1ml SQ every other day (Quantity: 14)	
Copaxone®	☐ 20 mg Pre-filled Syringe ☐ 40 mg Pre-filled Syringe	☐ Inject 20mg SQ every day (Quantity: 30) ☐ Inject 40mg SQ 3 times a week (Quantity: 12)	
Extavia®	☐ 0.3 mg Vial	☐ **INITIAL:** Weeks 1-2: Inject 0.0625mg/0.25ml SQ every other day (Quantity: 7) Weeks 3-4: Inject 0.125mg/0.50ml SQ every other day (Quantity: 8) Weeks 5-6: Inject 0.1875mg/0.75ml SQ every other day (Quantity: 7) Weeks 7+: Inject 0.25mg/1ml SQ every other day (Quantity: 8) ☐ **MAINTENANCE:** Inject 0.25mg/1ml SQ every other day (Quantity: 15)	
Gilenya	**Manufacturer Requirement: Complete the Gilenya Service Request Form for prescription**		
Glatopa™	☐ 20 mg Pre-filled Syringe	☐ Inject 20 mg SQ every day (Quantity: 30)	
Rebif®	☐ Titration pack	☐ **INITIAL:** 44mcg titration protocol Weeks 1-2: Inject 8.8mcg SQ three times a week (Quantity: 6) Weeks 3-4: Inject 22mcg SQ three times a week (Quantity: 6 ☐ **MAINTENANCE:** Inject 44mcg SQ three times a week (Quantity: 12)	
	☐ Pre-filled Syringe	☐ **INITIAL:** 22mcg titration protocol Weeks 1-2: Inject 4.4mcg SQ three times a week (Quantity: 6) Weeks 3-4: Inject 11mcg SQ three times a week (Quantity: 6) ☐ **MAINTENANCE:** Inject 22mcg SQ three times a week (Quantity: 12)	

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.