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.

1301 E. Arapaho Rd., Ste. 101
Richardson, TX 75081

This prescription form is to be sent & received via fax

Rheumatology Enrollment Form I - Z

Physician Offices Call: 855-460-7928

Fax: 888-777-5645

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**
Kevzara®	☐ Pen ☐150 mg ☐ 200 mg ☐ Pre-filled Syringe ☐150 mg ☐ 200 mg	☐ Inject 150 mg SQ every 2 weeks (Quantity: 2) ☐ Inject 200 mg SQ every 2 weeks (Quantity: 2)	
Olumiant®	2 mg Tablets	☐ Take 2 mg PO once daily (Quantity: 30)	
Orencia®	☐ 250 mg Vials ☐ Pre-filled Syringe ☐ ClickJect™	**INTRAVENOUS (IV):** ☐ **INITIAL:** Infuse ______ mg via IV on week 0, 2, and 4(Quantity: QS 3 doses) ☐ **MAINTENANCE:** Infuse ______ mg via IV every 4 weeks (Quantity: QS 1 dose) **SUBCUTANEOUS (SQ):** ☐ Inject 125mg SQ once weekly (Quantity: 4)	
Simponi®	☐ SmartJect® (Pen) ☐ Pre-filled Syringe	☐ Inject 50 mg SQ once a month (Quantity: 1)	
Simponi Aria®	☐ 50 mg Vial Weight Required: ____________	☐ **INITIAL:** Infuse 2 mg/kg via IV over 30 minutes at weeks 0 and 4 (Quantity: QS 2 doses) ☐ **MAINTENANCE:** Infuse 2 mg/kg via IV over 30 minutes every 8 weeks thereafter (Quantity: QS 1 dose)	
Xeljanz®	5 mg Tablets	☐ Take 5 mg PO twice daily (Quantity: 60)	
Xeljanz® XR	11 mg Tablets	☐ Take 11 mg PO once daily (Quantity: 30)	

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	☐(____________________)	☐	________________________________
☐ Plaquenil	☐(____________________)	☐	________________________________
☐ Sulfasalazine	☐(____________________)	☐	________________________________
☐ Naproxen / Aleve	☐(____________________)	☐	________________________________
☐ Tramadol	☐(____________________)	☐	________________________________
☐ Enbrel	☐(____________________)	☐	________________________________
☐ Humira	☐(____________________)	☐	________________________________
☐ Cimzia	☐(____________________)	☐	________________________________
☐ ____________________	☐(____________________)	☐	________________________________
☐ ____________________	☐(____________________)	☐	________________________________

☐ M05.9 Rheumatoid Arthritis with Rheumatoid Factor, Unspecified
☐ M06.09 Rheumatoid Arthritis without Rheumatoid Factor, multiple sites
☐ M05.79 Rheumatoid Arthritis with Rheumatoid Factor of mult. sites w/o organ or system inolvement
☐ M06.9 Rheumatoid Arthritis, Unspecified
☐ 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

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.