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.

SENDERRA
Specialty Pharmacy

Subcutaneous Immunoglobulin Enrollment

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

Main: 888-777-5547
Fax: 888-777-5645
E-mail: info@senderrarx.com

Prescribing Practitioner:	
NPI:	
Address:	
Office:	Fax:
Contact:	

PATIENT INFORMATION

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

MEDICAL INFORMATION

ICD-10/Diagnosis Code:

Date of Diagnosis: ____________________________________	Has patient received immune globulin previously? ☐ Yes ☐ No
IgA deficiency: ☐ Yes ☐ No IgA level ________ mg/dL Date:_________	If yes, product information: __________________________________
IgG trough:______mg/dL Date:______ Diabetic: ☐ Yes ☐ No	Date of last infusion: ___________ Date of next infusion: ___________

Comorbidities:	**Concomitant Medications:**	**Allergies:**

PRESCRIPTION

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

Immune Globulin Products	☐ Hizentra® 20% Weekly Sub-Q dose = IVIG Dose (g) x 1.37 / IVIG weekly interval originally given ☐ HyQvia® 10% Complete the MyIg source form at http://www.myigsource.com/pdf/Baxalta_Rx_Forms.pdffor orders and patient registration. ☐ GammaKed™ 10% ☐ Gammagard liquid® 10% ☐ Gamunex-C® 10% Weekly Sub-Q dose = IVIG Dose (g) x 1.53 / IVIG weekly interval originally given
Therapy Regimen	Dose: _________________ grams ________________ times weekly # Doses: _______________ Refill: _________________ Administration rate and number of sites: ☐ Per manufacture guidelines, as tolerated ☐ _____________________
Other Medications	☐ Acetaminophen Take ________ mg by mouth every 4-6 hours as needed for fever and/or headache ☐ Diphenhydramine Take ________ mg by mouth every 4-6 hours as needed for itching Drug: ____________________________ Strength: __________________ Qty: __________________ Directions: ____ Refills: _________
Anaphylaxis Orders and Medications	Orders: ☐ Stop infusion ☐ Call 911 and prescribing physician ☐ Administer medications below as per protocol ☐ Epinephrine ☐ EpiPEN® - Administer 0.3 mg (1:1000) subcutaneously as needed (≥ 30 Kg or ≥ 66 lbs) ☐ EpiPEN Jr® - Administer 0.15 mg (1:2000) subcutaneously as needed (< 30 Kg or < 66 lbs) Qty: ________ Refill: ________
Ancillary Supplies	☐ As needed for proper administration and disposal of medication
Skilled Nursing Visits	☐ To train patient/caregiver in Subcutaneous Immune Globulin administration, provide education related to disease state/therapy and assess general status. Typically, 3 training visits required. Once trained and able to return demonstrate, patient/caregiver to self-administer Subcutaneous Immune Globulin medication independently

All nursing services requirements to be completed per pharmacy protocol.

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

INJECTION TRAINING

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

PRESCRIBING PRACTITIONER SIGNATURE

To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Senderra Rx 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.