

SIX SIMPLE STEPS TO SUBMITTING A REFERRAL
1 PATIENT INFORMATION (Complete or include demographic sheet)

Patient Name _____ Address _____ City, State, ZIP _____
 Preferred Contact Methods _____ Phone (to primary # provided below) _____ Text (to cell # provided below) _____ Email (to email provided below) _____
Note: Carrier charges may apply. If unable to contact via text or email, Specialty Pharmacy will attempt to contact by phone.
 Primary Phone _____ Alternate Phone _____ Date of Birth _____ Gender _____ Male _____ Female _____
 Email _____ Last Four of SSN _____ Primary Language _____

2 PRESCRIBER INFORMATION

Prescriber's Name _____ State License Number _____
 NPI Number _____ DEA Number _____ Group or Hospital _____
 Address _____ City, State, ZIP _____
 Phone _____ Fax _____ Contact Person _____ Contact's Phone _____

3 INSURANCE INFORMATION Please fax copy of prescription and insurance cards with this form, if available (front and back)

4 DIAGNOSIS AND CLINICAL INFORMATION

Needs by Date _____ Ship to _____ Patient _____ Office _____ Other _____
Diagnosis (ICD-10):
 E78.0 Pure hypercholesterolemia _____ E78.1 Pure hyperglyceridemia _____ E78.2 Mixed hyperlipidemia _____
 E78.2 Other hyperlipidemia _____ E78.5 Hyperlipidemia, unspecified _____
 Other Code _____ Description _____
Patient Clinical Information:
 Allergies _____ Height _____ lb/kg _____ Weight _____ in/cm _____
Nursing:
 Specialty pharmacy to coordinate injection training/ home health infusion nurse visit necessary _____ Yes _____ No _____
 Site of Care: MD office _____ Infusion Clinic _____ Outpatient Health _____ Home Health _____
 Injection training not necessary. Date training occurred: _____
 Reason: MD office training patient _____ Pt already independent _____ Referred by MD to alternate trainer _____

5 PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DOSE & DIRECTIONS	QUANTITY/REFILLS
Praluent®	75 mg/mL pre-filled pen 150 mg/mL pre-filled pen	Inject 140 mg SC every 2 weeks. Inject 140 mg SC every 2 weeks. Inject 140 mg SC every 2 weeks.	Quantity: Refills:
Repatha®	140 mg/mL single-use prefilled syringe 140 mg/mL single-use prefilled SureClick® autoinjector	Inject 140 mg SC every 2 weeks. Inject 420 mg SC once monthly (by giving 3 140 mg injections consecutively within 30 minutes once monthly) Other:	Quantity: Refills:
Repatha	420 mg/3.5 mL single-use Pushtronex™ system	Use the single-use on-body infuser to inject 420 mg over 9 minutes once monthly.	Quantity: Refills:

5 PHYSICIAN SIGNATURE REQUIRED

Product Substitution Permitted _____ (Date) _____ Dispense as Written _____ (Date) _____

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