

1 PATIENT INFORMATION:

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Alt Phone: _____
 Email: _____
 DOB: _____ M F Last 4 of SSN: _____

2 PRESCRIBER INFORMATION:

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 NPI: _____ DEA: _____
 Office Contact: _____ Phone: _____

3 INSURANCE INFORMATION: *Please attach front and back copies of prescription/medical insurance card(s).*

4 CLINICAL INFORMATION: *To expedite prior authorization, please attach relevant clinical documentation.*

Primary ICD-10: _____ Drug Allergies: NKDA _____

If prior authorization is denied, preferred alternatives or the option to appeal, if available, will be provided to the office.

Additional Information: _____

5 INJECTION TRAINING: Physician to Train Pharmacist to Train Other: _____

6 PRODUCT DELIVERY: Physician's Office Patient's Home Other: _____

PRESCRIPTION INFORMATION:

Medication	Dose/Strength	Directions	Qty	Refills
<input type="checkbox"/> Praluent®	<input type="checkbox"/> 75mg/ml Pen	<input type="checkbox"/> Inject 75mg SC every 2 weeks	2	
	<input type="checkbox"/> 150mg/ml Pen	<input type="checkbox"/> Inject 150mg SC every 2 weeks <input type="checkbox"/> Inject 300mg SC once a month	2	
<input type="checkbox"/> Repatha®	<input type="checkbox"/> 140mg/ml SureClick® Autoinjector	<input type="checkbox"/> Inject 140mg SC every 2 weeks	2	
	<input type="checkbox"/> 420mg/3.5ml Pushtronex® System	<input type="checkbox"/> Inject 420mg SC once a month (Inject three 140mg/ml injections consecutively within 30 minutes)	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inject single use Pushtronex® System as directed	1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

I authorize Pharmaca and its affiliates to act on my behalf to obtain prior authorization and/or other assistance if applicable. I acknowledge that prior authorization/payment is not guaranteed.

PHYSICIAN SIGNATURE REQUIRED
 x _____ x _____
 Substitution Permitted Date Dispense as Written Date