



PATIENT INFORMATION
Name: Date of Birth: O Male O Female
Address: City: State: Zip:
Phone: Alt Phone: Email:
SS #: Primary Language: Emergency Contact:

PRESCRIBER INFORMATION
Prescribing Practitioner: NPI#:
Supervising Physician: NPI#:
Address: City: State: Zip: Tax ID:
Phone: Fax: Office Contact:

PRESCRIPTION INFORMATION
Needs by Date: Ship to: O Patients home O Prescriber 1st order only O Prescriber all orders O Other
Drug Dose Direction & Quantities Refills
Repatha™ O SureClick autoinjector O Inject 140 mg SQ every 2 weeks (Quantity 2)
O Pre-filled Syringe
O Pushtronex® system O Administer 420 mg SQ once monthly over 9 minutes by using the single-use on-body infusor with prefilled cartridge (Quantity: 1)
Praluent® O Pre-filled Pen O Inject 75 mg SQ every 2 weeks (Quantity: 2)
O 75 mg/mL O Inject 150 mg SQ every 2 weeks (Quantity: 2)
O 150 mg/mL O Inject 300 mg SQ every 4 weeks (Quantity: 2)
To administer 300 mg, give two 150 mg injections consecutively at two different injection sites

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

PREVIOUS THERAPIES:
Tried & Failed (Duration): Not Tolerated: Contraindication:
O Lipitor (atorvastatin calcium) O () O
O Crestor (rosuvastatin calcium) O () O
O Zocor (simvastatin) O () O
O Livalo (pitavastatin) O () O
O Pravachol (pravastatin sodium) O () O
O Zetia (ezetimibe) O () O
O Vytorin (ezetimibe/simvastatin) O () O
O O () O
O O () O

Indicate one primary diagnosis: Indicate all applicable secondary diagnoses:
O E78.01 HeFH Pure Hypercholesterolemia O I20.0 Unstable Angina O I65.23 Occlusion & stenosis of bilateral carotid arteries
O E78.0 HoFH Pure Hypercholesterolemia O I20.9 Angina Pectoris, Unspecified O I67.9 Cerebrovascular disease, Unspecified
O E78.2 Mixed Hyperlipidemia O I21. __ Acute Myocardial Infarction O I70. __ Atherosclerosis
O E78.4 Other Hyperlipidemia O I25. __ Other Forms of Chronic Ischemic Heart Disease O I73.9 Peripheral Artery/Vascular Disease, (PAD/PVD)
O E78.5 Hyperlipidemia, Unspecified O I25.10 ASCVD, Unspecified O G45.9 Transient Cerebral Ischemic Attack (TIA)
O Other: O I63.9 Cerebral Infarction, Unspecified (CVA) O Other:
Please attach a copy of the most recent lipid panel

Allergies: Date of Diagnosis: ___/___/___ Lab Results: LDL ___mg/dL Date: ___/___/___
Patient Height: ___ in/cm Weight: ___ kg/lbs

Additional Clinical Information:

PRESCRIBED BY OR IN CONSULTATION WITH:
O Cardiologist O Endocrinologist O Lipid Specialist

INJECTION TRAINING
O Patient has received pen and injection training O Physician's office to provide injection training O Parkway Pharmacy to coordinate injection training

PRESCRIBING PRACTITIONER SIGNATURE

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

Faxed Prescriptions will only be accepted from a prescribing practitioner.