solera SPECIALTY PHARMACY®

PCSK9 Inhibitors

Solera Specialty Pharmacy
2100 Park Central Blvd N, Ste 300
Pompano Beach, Florida 33064

P 877.712.7864 | 954.615.1840
F 877.712.7866 | 954.634.3939
Visit us at www.solerarx.com

urac ACCREDITED Specialty Pharmacy Expires 02/01/2020

Patient Information

Last Name	**Middle Name**	**First Name**	
Address	City	State	ZIP
SSN	**DOB**	Home Phone	Cell Phone
Allergies	Diagnosis		
Insurance Provider			
ID	Group Number	BIN	PCN
Deliver To	○ Patient's Home ○ Prescriber's Office ○ Patient Will Pickup ○ Initial to Prescriber, then Patient's Home		

Prescriber Information

Name		Practice	
Phone Number		NPI	
Send Updates To	○ Email	○ Phone	○ Fax

Requirements

Please Provide the Following Documentation

- ○ Lipid test MUST be within 30 days
- ○ Documentation of Patient's Diagnosis (HeFH, HoFH, ASCVD, or OTHER)
- ○ Documentation of previous therapy(s) including:
  - ○ Any previously attempted statins and documentation of failure or intolerance
  - ○ Any documentation that the patient attempted and failed Zetia within the past 90 days
  - ○ Any documentation stating the patient is currently receiving samples of Repatha
- ○ Repatha Ready Form, Office Fax Cover Sheet and/or Prescription Pad cannot be used as clinical notes

Prescription Order

E-Prescribing: Use NCPDP: 5715264 and NPI: 1710228085 (Solera Specialty Pharmacy)

Medication	Strength	Sig	Qty	Refills
○ **Repatha®**	○ 140 mg/ml Sureclick ○ 140 mg/ml Syringe ○ 420 mg/3.5ml Pushtronex	○ Inject contents of 1 syringe (140 mg) subcutaneously every 2 weeks ○ Assemble unit and attach to skin per instructions, inject contents of 1 cartridge (420mg) subcutaneously every 30 days		
○ **Praluent®**	○ 150 mg/ml Syringe ○ 150 mg/ml Pen ○ 75 mg/ml Syringe ○ 75 mg/ml Pen	○ Inject contents of 1 syringe (150mg) subcutaneously every 2 weeks		

Prescriber's Name _____ Signature _____ Date _____

I authorize the pharmacy to enroll the patient in manufacturer and third party programs which may provide additional benefit to myself related to the patients prescribed drug therapy. Furthermore, I authorize the pharmacy to disclose the minimum necessary information required to enroll the patient in such programs, and coordinate benefits as deemed necessary by the pharmacy for final delivery of the product.

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Your Prescription Has Been Sent to Solera Specialty Pharmacy and You Will Receive Free Home Delivery!

You may receive a phone call shortly from Solera Specialty Pharmacy (954 area code). The pharmacy will ask you some basic information such as address, prescription insurance coverage and copayment method. They will also answer any questions you may have about this medication.

If you have any questions, please contact Solera Specialty Pharmacy directly at **954.615.1840** or **877.712.7864**
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