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
1301 E. Arapaho Rd., Ste. 101
Richardson, TX 75081
Main: 888-777-5547
Fax: 888-777-5645
E-mail: info@senderrarx.com

Cardiovascular Enrollment

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

Statins:	Tried & Failed (Duration):	Not Tolerated:	Contraindication:
☐ Simvastatin	☐ (_____)	☐	_____
☐ Atorvastatin	☐ (_____)	☐	_____
☐ _____	☐ (_____)	☐	_____
Other therapies:	**Tried & Failed (Duration):**	**Not Tolerated:**	**Contraindication:**
☐ Zetia	☐ (_____)	☐	_____
☐ LDL apheresis	☐ (_____)	☐	_____
☐ _____	☐ (_____)	☐	_____

Allergies:

Date of Diagnosis: _____/_____/_____

Indicate One Primary Diagnosis:
- ☐ E78.0 Pure Hypercholesterolemia (HeFH and HoFH)
- ☐ E78.2 Mixed Hyperlipidemia
- ☐ E78.5 Other and Unspecified Hyperlipidemia
- ☐ Other: _____

Indicate One Secondary Diagnosis:
- ☐ I21.__ Acute Myocardial Infarction
- ☐ I25.2 Old Myocardial Infarction
- ☐ I20.8 Other and Unspecified Angina Pectoris
- ☐ I25.__ Other Forms of Chronic Ischemic Heart Disease
- ☐ I25.10 ASCVD, Unspecified
- ☐ I65.__ Occlusion and Stenosis of Precerebral Arteries
- ☐ I6_.__ Occlusion of Cerebral Arteries (CVA)
- ☐ G45.__ Transient Cerebral Ischemia (TIA)
- ☐ I67.__ Other and Ill-Defined Cerebrovascular Disease
- ☐ I69.__ History of Stroke With Residuals
- ☐ I70.__ Atherosclerosis
- ☐ I73.9 Peripheral Vascular Disease, Unspecified

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

PRESCRIPTION

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

Drug	Strength	Directions & Quantity	Refills
Repatha™	☐ 140mg/mL SureClick autoinjector ☐ 140mg/mL pre-filled syringe	☐ Inject 140mg subcutaneously every 2 weeks **(quantity: 2)** ☐ Inject 420mg subcutaneously once monthly **(quantity: 3)** **To administer 420mg, give 3 Repatha injections consecutively within 30 minutes**	
Praluent®	☐ Pre-Filled Pen ☐ Pre-Filled Syringe	☐ Inject 75mg subcutaneously every 2 weeks **(quantity: 2)** ☐ Inject 150mg subcutaneously every 2 weeks **(quantity: 2)**	

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