

Practices may complete this form to indicate a preferred specialty pharmacy. This form is optional and not required for patient participation in **RepathaReady®** programs.

| Practice Information | Specialty Pharmacy Information |
|---|--|
| <p>(if insurance verification form is not included)</p> <p>Site Name: _____</p> <p>Site Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Physician Name: _____</p> <p>Prescriber NPI #: _____</p> <p>Physician Name: _____</p> <p>Prescriber NPI #: _____</p> <p>Physician Name: _____</p> <p>Prescriber NPI #: _____</p> <p>Physician Name: _____</p> <p>Prescriber NPI #: _____</p> <p>Physician Name: _____</p> <p>Prescriber NPI #: _____</p> <p>Primary Office Contact for Relaying Results:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Telephone: () _____</p> <p>Fax: () _____</p> <p>Email Address: _____</p> <p>Please include only ONE fax number per form.</p> | <p>NOTE: Insurance plans may mandate fulfillment through their preferred specialty pharmacy.</p> <p>Please choose below or write in your preferred specialty pharmacy:</p> <p>Repatha® Specialty Pharmacy Network</p> <p><input type="checkbox"/> Acaria Health</p> <p><input type="checkbox"/> Accredo Health Group</p> <p><input type="checkbox"/> Alliance Rx – Walgreens Prime</p> <p><input type="checkbox"/> Avella Specialty Pharmacy</p> <p><input type="checkbox"/> BriovaRx Specialty</p> <p><input type="checkbox"/> Cigna Specialty Pharmacy</p> <p><input type="checkbox"/> CVS Specialty</p> <p><input type="checkbox"/> Diplomat Pharmacy</p> <p><input type="checkbox"/> Gentry Health Services</p> <p><input type="checkbox"/> Humana Pharmacy</p> <p><input type="checkbox"/> Kroger Specialty Pharmacy</p> <p><input type="checkbox"/> Meijer Specialty Pharmacy</p> <p><input type="checkbox"/> Senderra Rx</p> <p><input type="checkbox"/> Alternative Specialty Pharmacy</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Contact Name (if known): _____</p> <p>_____</p> <p><input type="checkbox"/> Check here if you would ONLY like this pharmacy selection for this patient (please include RepathaReady® Intake Form).</p> |