HYPERCHOLESTEROLEMIA HEALTH REFERRAL FORM

www.albertsons.com/specialtycare • Phone: 877.466.8028 • Fax: 877.466.8040

Albertsons Companies Specialty Care

Jewel Osco · Albertsons · SAFEWAY · VONS · ACME · shaw's · star market · PAVILIONS · CARRS · Randalls · Tom Thumb

Patient Information

Patient Name: _____ DOB: _____ Sex: ☐ M ☐ F

Phone: _____ Cell Phone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

ICD-10 Diagnosis Code: _____ Diagnosis: _____

Allergies (please note reaction): _____ ☐ Latex

Current Medications: (list here or attach a medication list): _____

_____

Comorbidities: (list here or attach a list): _____

Prescription Information

INSURANCE INFORMATION - FAX COPY OF PATIENT'S INSURANCE CARD

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Praluent (alirocumab)	☐ 75mg/mL Prefilled Syringe	☐ Inject 75mg subcutaneously every 2 weeks.	28-day supply	
	☐ 75mg/mL Pen Injector	☐ Inject 150mg subcutaneously every 2 weeks		
	☐ 150mg/mL Prefilled Syringe	☐ Inject 300mg subcutaneously every 4 weeks.		
	☐ 150mg/mL Pen Injector			
☐ Repatha (evolocumab	☐ 140mg/mL Prefilled Syringe	☐ Inject 140mg subcutaneously every 2 weeks	28-day supply	
	☐ 140mg/mL Auto-injector	☐ Inject 420mg subcutaneously once monthly.		
	☐ 420mg/3.5mL Pushtronex (On-body infusor with prefilled cartridge)	☐ Inject 420mg subcutaneously once monthly.		
Other Medication Name:				

Treatment History: ☐ **New to Therapy** ☐ **Continuation of Therapy**

Prescriber Information

Prescriber Name: _____

State License #: _____ DEA #: _____ NPI: _____

Additional Contact Person Name: _____

Group or Hospital: _____ Phone: _____

Fax: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Prescriber Signature:

_____ _____ _____ _____

Product Substitution Permitted | Date | Dispensed as Written | Date

Delivery Information

Ship to: ☐ Patient ☐ Prescriber/Clinic

☐ Pick up at an Albertsons Companies Pharmacy

Address: _____

Phone: _____

Date Medication Needed: _____

Ph. 800-834-8778
Fax 877-466-8040

E-Scribe Information:
Albertsons/Safeway Pharmacy • 12874 E. Florence Ave.
Santa Fe Springs, CA 90670 • NCPDP 5617418 • NPI 1164451100