



reliancerxSM
Specialty Pharmacy Services You Can Rely On

REPATHA RE-AUTHORIZATION REQUEST
TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

| | |
|---------------|------------------------------|
| Patient Name: | Prescriber Name: |
| Patient DOB: | NPI: |
| IH ID Number: | Office Phone: Office Fax: |

1. Please submit current LDL cholesterol level obtained within the previous three months.
Is the current LDL level deemed a clinical significant response to therapy? **YES or NO**

2. Has the patient been compliant with Repatha and other LDL-lowering therapies,
including maximally tolerated statin therapy? **YES or NO**

3. Has the patient experienced any adverse effects to therapy with Repatha?
