anovo SPECIALTY PHARMACY

Signifor® & Signifor® LAR (pasireotide) Patient Prescription Form

Fax: 855-813-2039
Phone:888-855-RARE (888-855-7273)

If your office has not received a confirmation fax that your referral has been received within 24 hours after submission, please refax or call AnovoRx at (888) 855-RARE (7273).

Please select one: **Newly Prescribed Patient** **Patient Currently on Signifor®LAR/Signifor®**

Patient Information

** Please Print*

Last Name: First Name:		SSN:	Sex: M F
Address:	City:	State:	Zip:
Phone: Day #	Evening #:	Cell # :	
DOB:		Email:	
If Patient is a Minor, Guardian/Parent Name:		Relation to Patient:	
Emergency Contact:		Phone #:	

Insurance Information

** Complete this section or include copy of insurance card*

Primary Insurance Co. Name:		Phone #:
Policy Holder Name:	Policy #:	Group #:
Prescription Card Name:		Phone #:
Policy #:		Group #:
Secondary Insurance Co. Name:		Phone #:
Policy Holder Name:	Policy #:	Group #:

Physician Information

Prescriber Name/Title:		
NPI:	Medicaid UPIN:	State License #:
Address:		
City:	State: Zip:	
Name of Contact Person:		Phone:
Physician/Office Contact Email:		Fax:

Prescription

Signifor® (pasireotide) injection
for subcutaneous use

0.3 mg ampules 0.6 mg ampules 0.9 mg ampules
(60 ampules per box)
Inject the contents of one ampule subcutaneously twice daily
Other: ______________________________

1-month supply 3-month supply Other:____________

Refills __________

Signifor administration supplies include:
- 1 mL syringe
- 27G 1/2" needle
- 18G 1/2" filter needle
- Alcohol prep pads
- Band-Aid® bandages
- Sharps container

Signifor® LAR (pasireotide) for injectible suspension
for intramuscular use

10 mg kit 20 mg kit 30 mg kit 40 mg kit 60 mg kit

Healthcare provider to inject one syringe intramuscularly every 28 days
Other: ______________________________

1-month supply Other:____________

Refills __________

Signifor LAR administration supplies include:
- Alcohol swabs
- Sharps container

Note: Signifor LAR kit includes diluent, syringe, and injection needle supplied by manufacturer

Supplies: (supplies will be sent unless indicated below) Dispense needles, syringes, and ancillary supplies necessary to administer medication. Quantity to be supplied sufficient for prescribed days supply above.

No Supplies

Clinical Background

Please check applicable ICD-10 code:

Cushing's Disease, pituitary-dependent (E24.0)
Cushing's Disease, unspecified (E24.9)
Acromegaly (E22.0)
Other (please specify)____________

NKDA
Drug Allergies ______________________________
Concurrent Medications: ______________________________
____

Please attach baseline/most recent laboratory and biomarker values, prior dates of surgery, and past medication therapies used with referral.

Nursing

Does Signifor LAR patient require or prefer home administration?

Yes: Skilled nursing visit as needed to administer medication and assess general status and response to therapy
No: Patient to receive injection administration from Prescriber's office, designated clinic, or infusion provider
If shipped to physician's office, physician accepts on behalf of patient for administration in office.

I certify I am prescribing Signifor® LAR/Signifor® for this patient for a medically necessary purpose. **Date Written:**____________

Dispense as Written: ______________________________
(Stamped Signatures Are Not Valid)

Substitution Allowed: ______________________________
(Stamped Signatures Are Not Valid)

This patient referral form is only valid if FAXED directly from the prescriber to Anovo @ 855-813-2039

Form: Signifor.RX.187
Effective Date: 12.1.20
Revision Date: