

WILSON'S DISEASE REFERRAL FORM

Updated July 2019

Patient Name _____ Today's Date _____ NEW Patient CURRENT Patient
DOB _____ Height _____ Weight _____ Male Female Preferred Language _____
Best Phone _____ Email _____
Street Address _____ Apt# _____ City _____ State _____ Zip _____
Ship to Patient at: Home Physician Office Work Address _____
Allergies _____
Current Medications including OTC's (please fax a complete list) _____

Please Fax Insurance Card(s) both sides

Insured's Name _____
Relation to Patient _____
Primary Insurance _____
ID# _____ Group # _____
Secondary Insurance _____
ID# _____ Group # _____

Ordering Prescriber

Office Contact _____
Street Address _____ Suite # _____
City _____ State _____ Zip _____
Tel _____ Fax _____
Email _____
License# _____
NPI# _____

ICD-10 Code **E83.01** Wilson's Disease
 Yes **No** Is Patient currently on therapy?
Date of next blood work _____
 Yes **No** Previously Treated for this condition?
Medications Failed: Trientine hydrochloride (generic Syprine)
 Depen (penicillamine)

PRESCRIPTION

SYPRINE 250 mg capsule

PEDIATRIC START DOSE: 500-750 mg/day given in divided doses 2, 3 or 4 times per day on an empty stomach, at least 1 hour before meals or 2 hours after meals and at least 1 hour apart from any other drug, food, or milk. This may be increased to a max 1500 mg/day for pediatric patients age 12 or under.

ADULT START DOSE: 750-1250 mg/day given in divided doses 2, 3 or 4 time per day on an empty stomach, at least 1 hour before meals or 2 hours after meals and at least 1 hour apart from any other drug, food, or milk. This may be increased to a maximum of 2000 mg/day for adults

The daily dose of Syprine should be increased only when clinical response is not adequate or concentration of free serum copper is persistently above 20 mcg/dL. Optimal long-term maintenance dosage should be determined at 6-12 month intervals.

CUPRIMINE

_____ mg/day given in divided doses 2, 3 or 4 times per day on an empty stomach, at least 1 hour before meals or 2 hours after meals and at least 1 hour apart from any other drug, food, or milk.

Because penicillamine increases the requirement for pyridoxine, patients may require a daily supplement of pyridoxine

Optimal dosage can be determined by measurement of urinary copper excretion and the determination of free copper in the serum, both before and soon after initiation of therapy with Cuprimine.

In patients who cannot tolerate as much as 1 g/day initially, initiating dosage with 250 mg/day and increasing gradually to the requisite amount, gives closer control of the effects of the drug and may help to reduce the incidence of adverse reactions.

ENROLL IN NURSE TRAINING / MANUFACTURER PROGRAM

Prescriber's Signature (signature required. NO STAMPS) _____ **Date** _____

My signature certifies that the person named on this form is my patient and that the information provided on this enrollment form is complete and accurate to the best of my knowledge. I certify this therapy to be medically necessary.

My signature authorizes The Pharmacy and its representatives to act as the agent to execute the insurance prior authorization process, assist the above named patient enroll into patient support programs, and appeal on behalf of prescriber and patient in the event of a prior authorization denial.

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately.

PLEASE NOTE: The Pharmacy can only accept original prescription drug orders from patients, faxed prescriptions can be accepted only from the prescribing practitioners.