

DATE: \_\_\_\_\_ NEEDS BY DATE: \_\_\_\_\_ SHIP TO:  PATIENT  OFFICE - FIRST DOSE  OFFICE - ALL DOSES  OTHER \_\_\_\_\_

PATIENT INFORMATION			
Patient Name			
Address			
City	State	Zip	
Main Phone	Alternative Phone	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security #		Date of Birth	

PRESCRIBER INFORMATION			
Prescriber Name			
Prescriber Type <input type="checkbox"/> Physician (MD or DO) <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician's Assistant			
Supervising Physician (If prescriber is a NP or PA)			
DEA #	NPI #	Tax ID #	
Address			
City	State	Zip	
Phone	Fax		
Contact Person			

**INSURANCE: PLEASE FAX BOTH SIDES OF PRESCRIPTION CARD AND MEDICAL CARD**

**CLINICAL INFORMATION**

Diagnosis:  E78.0 Pure Hypercholesterolemia (including HeFH and HoFH)  E78.2 Mixed Hyperlipidemia  E78.4 Other Hyperlipidemia  
 E78.5 Unspecified Hyperlipidemia  ASCVD Specific Code(s): \_\_\_\_\_

Secondary Diagnosis (please provide at least one ICD-10-CM code):

*Cardiovascular Events:*

I20.0 Unstable Angina  I20.9 Angina Pectoris, Unspecified  I21.\_\_\_\_ Acute Myocardial Infarction  I22.\_\_\_\_ Subsequent Myocardial Infarction  
 G45.9 Transient Cerebral Ischemic Attack  Coronary or Other Arterial Revascularization  I63.\_\_\_\_ Cerebral Infarction  
 I73.9 Peripheral Vascular Disease  I70.\_\_\_\_ Atherosclerosis  G46.\_\_\_\_ Vascular Syndromes  Other (Specify ICD-10-CM) \_\_\_\_\_

*Homozygous Familial Hypercholesterolemia:*

Cutaneous or tendon xanthoma before age 10 years  
 Untreated elevated LDL-C levels consistent with heterozygous FH in both parents [untreated total cholesterol >290 mg/dL (>7.5 mmol/L) or LDLC >190 mg/dL: (>4.9 mmol/L)]  
 Genetic Confirmation of two mutant alleles at the LDLR, Apo-B, PCSK9, ARH adaptor protein 1/ LDLRAP1 gene locus

*Heterozygous Familial Hypercholesterolemia (HeFH):*

Yes  No The patient has a first or second degree relative with a pretreatment total cholesterol of >290 mg/d(>7.5 mmol/L)

ASCVD Pooled Cohort Risk Assessment Score \_\_\_\_\_ Framingham Risk Score \_\_\_\_\_

Prior Failed Medications:  Atorvastatin (Lipitor®)  Ezetimibe (Zetia®)  Pravastatin (Pravachol®)  Rosuvastatin (Crestor®)  Simvastatin (Zocor®)  Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_  
Reason for Discontinuing: \_\_\_\_\_

Labs: LDL-C Baseline      LDL-C Last 30 Days      Total Cholesterol      Triglycerides      Date Taken

Allergies:

Other Comments:

PRESCRIPTION INFORMATION			QUANTITY	REFILLS
<input type="checkbox"/> Praluent™	<input type="checkbox"/> 75 mg/mL Prefilled Pen 2 Pack <input type="checkbox"/> 150 mg/mL Prefilled Pen 2 Pack	<input type="checkbox"/> Inject 75 mg subcutaneously every other week <input type="checkbox"/> Inject 150 mg subcutaneously every other week <input type="checkbox"/> Inject 300 mg subcutaneously every 4 weeks	4 Week Supply	_____
<input type="checkbox"/> Repatha®	<input type="checkbox"/> 140 mg/mL SureClick	<input type="checkbox"/> Inject 140 mg subcutaneously every other week <input type="checkbox"/> Inject 420 mg subcutaneously every MONTH (3 Injections to be given 30 minutes apart)	4 Week Supply	_____
	<input type="checkbox"/> 420 mg/3.5mL single-use Pushtronex system	<input type="checkbox"/> Administer subcutaneously once MONTHLY over 9 minutes by using the single-use on-body infuser with prefilled cartridge	4 Week Supply	_____

Dispense As Written (no stamps) \_\_\_\_\_ Date \_\_\_\_\_ Substitution Permitted (no stamps) \_\_\_\_\_ Date \_\_\_\_\_

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.  
2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.  
3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.  
4. Prescribers must comply with any of their state-specific prescription requirements.