

PCSK9 INHIBITOR ENROLLMENT & PRESCRIPTION FORM

PHONE: 800-641-8475 FAX: 800-530-8589 WEB: www.HealthDyneSpecialty.com

To submit a new prescription via eRx, use NPI 1902298805. Faxed prescriptions will only be accepted from prescribing practitioners. Patients may not submit prescriptions via fax and must submit original copies in person or via the mail. Prescribers are reminded patients may choose any pharmacy of their choice.

	Patient: Corosiver:								
PATIENT INFORMATION	Patient: Caregiver:								
	Address:								
	Best Phone #: Cell Alternate Phone #:								
	Allergies: ICD-10 Code for requested therapy:							Latex Allergy	: Yes No
	ICD-10 Code for requeste	ed therapy:		ICD-10 Code(s) for	other medica	al cond	ditions:		
	PLEASE FAX COPY OF ALL INSURANCE CARDS (FRONT & BACK) INCLUDING MEDICAL AND PRESCRIPTION								
	For ASCVD patients, MUST select appropriate code for hypercholesterolemia AND ASCVD Clinical ASCVD (check all that apply)			Previous/Current Therapies:					
				none	mg/	day		LDL-C	date
	ominoar roove (oricon air triat appry)			atorvastatin	mg/	day	date	LDL-C	date
	Ischemic Heart Disease			ezetimibe	mg/	day	date	LDL-C	date
	I21.3 ST elevation (STEMI) myocardial infarction of unspecified site		e	ezetimibe/	mg/	dov			
L	124.8 Other forms of acute ischemic heart disease			simvastatin	1119/	uay			date
SME	I25.89 Other forms of chronic ischemic heart disease I25.2 Old myocardial infarction			lovastatin	mg/	day	date	LDL-C	date
ES	120.9 Angina pectoris, unspecified			fenofibrate	mg/	day	date	LDL-C	date
ASS	125.89 Other forms of chronic ischemic heart disease			gemfibrozil	mg/	day	date	LDL-C	date
;AL				niacin	mg/	day	date	LDL-C	date
MEDICAL ASSESSMENT	Cerebrovascular and Peripheral Vascular Disease			pravastatin	mg/	-		LDL-C	date
M	I65.8 Occlusion and stenosis of other pre-cerebral arteries I66.8 Occlusion and stenosis of other cerebral arteries			rosuvastatin	mg/	-		LDL-C	date
	G45.9 Transient cerebral ischemic attack, unspecified				m	uay			date
	169.998 Other sequelae following unspecified cerebrovascular disease		se	rosuvastatin/ ezetimibe	mg/	day	date	LDL-C	date
	I70.90 Unspecified atherosclerosis			simvastatin	mg/	dav	date	LDL-C	date
	Other ASCVD-specific code(s):			simvastatinmg/daydate LDL-C Intolerance to statins (list medications and dose failed):					
	10 year ASCVD Risk %								
	Rhabdomyolysis Myositis Myalgia PLEASE PROVIDE ALL CLINICAL INFORMATION INCLUDING LAB RESULTS ON ALL FORMS								
				, ,		_			
		PLEASE PROVIDE ALL CLINIC	AL INFORM	, ,		SULT	TS ON ALL FO	RMS	
	MEDICATION	PLEASE PROVIDE ALL CLINIC STRENGTH	AL INFORM	, ,		SULT	rs on all fo Quan		REFILLS
No	MEDICATION		AL INFORM	MATION INCLUDIN				ITITY	REFILLS
ATION	MEDICATION Repatha	STRENGTH 140 mg/mL PFS	Inject 1	DIRECTIONS 40 mg sub-Q every 2	IG LAB RE	1 p	QUAN pack = 1 x 140 mg pack = 1 x 140 mg	g/mL PFS g/mL SureClick	REFILLS
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PRESCRIPTION	Praluent Other: INJECTIO Anticipated Start Date: Ship to: Patient Fax #: Office Address: The terms and conditions	STRENGTH 140 mg/mL PFS 140 mg/mL SureClick 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL PFS N TRAINING: OFFICE TO Physician Clinic Other Contact s posted at www.HealthDyneSpecialty.co	Inject 1 Inject 7 Inject 1 Inject 1 COORDINA Prescri Name: Om have been	DIRECTIONS 40 mg sub-Q every 2 20 mg sub-Q every 4 5 mg sub-Q every 2 w 50 mg sub-Q every 2 ATE HEAL ber Specialty: City: n read by the person s	weeks weeks weeks weeks	1 programme 1 prog	QUAN pack = 1 x 140 m pack = 1 x 140 m pack = 2 x 140 m pack = 3 x 140 m pack =	g/mL PFS g/mL SureClick g/mL SureClick g/mL ml /mL RDINATE Zip:ed into this docum	ent by
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