



# Hypercholesterolemia Enrollment Form

Fax: (877) 526-8823

Pharmacy Phone: (866) 213-9821  
Single Point of Contact: (724) 515-7053

Start Date: \_\_\_\_\_ Ship to: \_\_\_ Patient \_\_\_ Office \_\_\_\_\_ Other

## 1. Patient Information

Patient Name: \_\_\_\_\_ Male / Female DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Caregiver: \_\_\_\_\_  
 Comorbidities: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## 2. Clinical Information

Please fax recent clinical notes, labs & tests with prescription to expedite the prior authorization

ICD -10/ Diagnosis Code: \_\_\_\_\_ LDL-C: \_\_\_\_\_ mg/mL Date: \_\_\_\_\_  
 Prior Treatments: \_\_\_\_\_ Please attach a copy of the patient's most recent lipid panel

## 3. Prescription Information

If your selection (Medication/ Directions/ QTY) is not shown below please write it in the space provided

X	Medication	Dose / Strength	Directions (be specific)	Quantity	Refills
	Praluent®	__ 75 mg/ mL	__ Inject _____ mg Sub-Q every ____ weeks	_____ PFS _____ Pen	
		__ 150 mg/ mL	__ Inject _____ mg Sub-Q every ____ weeks	_____ PFS _____ Pen	
	Repatha®	__ 140 mg/ mL	__ Inject 140 mg Sub-Q every 2 weeks —	_____ PFS _____ SureClick®	
		__ 420 mg/ 3.5 mL Pushtronex System®	__ Inject 420 mg Sub-Q every 4 weeks —	_____ PFS _____ SureClick®	

If Known: Authorization # \_\_\_\_\_

## 4. Prescriber and Shipping Information

Prescriber(print): \_\_\_\_\_ Office Contact: \_\_\_\_\_  
 Pref. Method of Contact: \_\_\_ phone \_\_\_ fax \_\_\_ email Contact email: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 NPI #: \_\_\_\_\_ DEA #: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize AccuServ Pharmacy and its representative to act as an agent to initiate and execute the insurance prior authorization process. (NO STAMPS)

## 5. Insurance Information

Please fax a copy of insurance card front and back. Enlarge if possible.