

HYPERLIPIDEMIA ENROLLMENT FORM



Connection • Care • Community

Greenhill Pharmacy | 2511 W 4th St, Wilmington, DE 19805

PLEASE FAX: FOURTH STREET - 302-502-3885 • MARKET STREET - 302-513-9396

Patient Information

Patient Name _____
 Address _____
 Apt/Suite _____ City _____
 State _____ Zip _____
 Home Phone _____ Alternate Phone _____
 DOB _____ SSN _____ Gender M F
 Weight _____ kg/lbs Height _____ cm/in
 Language Preference: English Spanish Other _____

Prescriber Information

Prescriber's Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Contact Person _____
 Phone _____

Insurance Information: Fill out entirely or fax a copy of patient's insurance card including both sides.

Prescription Card: Name of Insurer _____ ID# _____ BIN _____ PCN _____ Group _____
 Primary Insurance: Subscriber _____ ID# _____ Name of Insurer _____ Phone _____
 Secondary Insurance: Subscriber _____ ID# _____ Name of Insurer _____ Phone _____

Medical Information: Section must be completed to process prescription. (Attach separate sheets as needed)

Diagnosis - Please include diagnosis name with ICD-10 code

Please include diagnosis name and ICD-10 code
 E78.5 Hyperlipidemia E78.0 Hypercholesterolemia (Familial)
 Other Diagnosis: ICD-10 Code _____
 Description _____

Additional Information

Therapy: New Reauthorization Restart

Weight _____ kg/lbs Height _____ cm/in
 Allergies _____
 Lab Data _____
 Concomitant Medications _____
 Additional Comments _____

Prescription Information

| Medication | Dose/Strength | Direction | Quantity | Refills |
|---|---|---|----------|---------|
| <input type="radio"/> Praluent® (alirocumab) Injection | <input type="radio"/> 75mg 2 count PF Pen <input type="radio"/> 150mg 2 count PF Pen | <input type="radio"/> Inject 75mg SQ every 2 weeks <input type="radio"/> Inject 150mg SQ every 2 weeks | | |
| <input type="radio"/> Repatha® (evolocumab) Injection | <input type="radio"/> 140mg PF Pen | <input type="radio"/> Inject 140mg PF Pen every 2 weeks | | |
| <input type="radio"/> Repatha® Pushtronex | <input type="radio"/> 420 mg/3.5ml | <input type="radio"/> To used as directed for SQ injection once monthly | | |

***Prescriber Authorization:** I authorize this pharmacy and its representatives to act as my authorized agent to secure coverage and initiate the insurance prior authorization process for my patient(s), and to sign any necessary forms on my behalf as my authorized agent, including the receipt of any required prior authorization forms and the receipt and submission of patient lab values and other patient data. In the event that this pharmacy determines that it is unable to fulfill this prescription, I further authorize this pharmacy to forward this information and any related materials related to coverage of the product to another pharmacy of the patient's choice or in the patient's insurer's provider network.

Ship to: Patient Office Other _____ Date _____ Needs by Date _____

Prescriber's Signature: _____ Date: _____

PRODUCT SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

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HYPERLIPIDEMIA ENROLLMENT FORM

CURRENT LDL-C VALUES

_____ mg/dl

Date Measured _____

on LLT Off LLT

HEFH CRITERIA

- Dutch Lipid/WHO Score >8
- First or second degree relative with pre-treatment LDL \geq 190 mg/dL
- Genetic testing
- Pre-tx LDL \geq 196 mg/dl
- Simon Broome Dx Criteria Met
- Tendon xanthomas

ASCVD CRITERIA

- Angina, stable or unstable
- Coronary syndromes, acute
- Myocardial infarction, history of
- Revascularization, coronary or other arterial (PTCA, CABG, etc)
- Peripheral Arteral Disease
- Positive findings in CT angio or cath
- Stroke
- TIA
- Other _____

CURRENT AND PREVIOUS LIPID LOWERING THERAPY

- None (see below)
- LIPITOR
(atorvastatin)
- PRAVACHOL
(pravastatin)
- CRESTOR
(rosuvastatin)
- ZOCOR
(simvastatin)
- ZETIA
(ezetimibe)
- Other: _____
- Patient had inadequate response to maximally tolerated lipid lowering therapy

10 20 40 80

10 20 40 80

5 10 20 40

5 10 20 40 80

10

DATES/LENGTH USED

MEDICAL HISTORY FOR STATIN THERAPY

- Patient experienced myalgia/myositis that resolved when removed from therapy
- Patient has undergone re-challenge with lower dose statin with symptom reappearance
- Patient has known contraindication to statins
- Patient has CK elevations greater than 10 times ULN

DATES/DIAGNOSED
