

PCSK9 INHIBITOR ENROLLMENT & PRESCRIPTION FORM

PHONE: 800-641-8475 **FAX**: 800-530-8589 **WEB**: www.WellDyneSpecialty.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: Corpolium:								
z	Patient: Caregiver:								
PATIENT FORMATION									
PATIENT ORMATI	Address: Cell Alternate Phone #:								
PAT OR	Best Phone #:								
R	Allergies:							Latex Allerg	y: Yes No
	ICD-10 Code for requeste	ed therapy:		ICD-10 Code(s) for	other medica	al condit	ons:		
	PLEASE	FAX COPY OF ALL INSURANCE	CARDS (F	RONT & BACK)	INCLUDIN	G MED	ICAL AND F	PRESCRIPTIO	N
	For ASCVD patients, MUST select appropriate code for hypercholesterolemia AND ASCVD Clinical ASCVD (check all that apply) Ischemic Heart Disease			Previous/Current Therapies:					
				none	mg/	'day	date	LDL-C	date
				atorvastatin	mg/	day _		LDL-C	
ASSESSMENT				ezetimibe	mg/	day _		LDL-C	date
	121.3 ST elevation (STEMI) myocardial infarction of unspecified site			ezetimibe/	mg/	'dav	date	LDL-C	date
	I24.8 Other forms of acute ischemic heart disease I25.89 Other forms of chronic ischemic heart disease			simvastatin					
	I25.2 Old myocardial infarction			lovastatin		day _		LDL-C	date
SE	120.9 Angina pectoris, unspecified			fenofibrate	mg/	day _		LDL-C	
	125.89 Other forms of chronic ischemic heart disease			gemfibrozil	mg/	day _		LDL-C	date
MEDICAL	Cerebrovascular and Peripheral Vascular Disease			niacin	mg/	day _		LDL-C	date
	165.8 Occlusion and stenosis of other pre-cerebral arteries			pravastatin	mg/	day _		LDL-C	
	166.8 Occlusion and stenosis of other cerebral arteries			rosuvastatin	mg/	day _	date	LDL-C	date
	G45.9 Transient cerebral ischemic attack, unspecified I69.998 Other sequelae following unspecified cerebrovascular disease			rosuvastatin/ ezetimibe	mg/	day _	date	LDL-C	date
	I70.90 Unspecified atherosclerosis			simvastatin	mg/	day	date	LDL-C	date
	Other ASCVD-specific code(s):			Intolerance to statins (list medications and dose failed):					
	10 year ASCVI		Rhabdomyolysis Myositis Myalqia						
	PLEASE PROVIDE ALL CLINICAL INFORMATION INCLUDING LAB RESULTS ON ALL FORMS								
	_	T ELAGET NOVIDE ALL GLINIOA			IO LAD RE	-00110	ONALLIC	T.IIIO	
NO	MEDICATION	STRENGTH		DIRECTIONS			QUAN	ITITY	REFILLS
		1	Inject 140 mm cub O cycny 2 wooks			1 pack = 1 x 140 mg/mL PFS 1 pack = 1 x 140 mg/mL SureClick			
NO		140 mg/mL PFS	Inicot 1	10 mg oub 0 oven 2	waaka		alc = 1 v 140 m	alma Cura Cliale	
IATION	Repatha	140 mg/mL PFS 140 mg/mL SureClick	'	40 mg sub-Q every 2 20 mg sub-Q every 4		1 pa		•	
ORMATION	Repatha		'	40 mg sub-Q every 2 20 mg sub-Q every 4		1 pa 2 pa		g/mL SureClick	
INFORMATION	Repatha	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System	'	,		1 pa 2 pa	ck = 2 x 140 m	g/mL SureClick	
Z	Repatha	140 mg/mL SureClick	Inject 42	,	weeks	1 pa 2 pa 3 pa	ck = 2 x 140 m	g/mL SureClick g/mL	
Z	Repatha	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS	Inject 42	20 mg sub-Q every 4	weeks	1 pa 2 pa 3 pa	ck = 2 x 140 m ck = 3 x 140 m	g/mL SureClick g/mL	
Z	·	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen	Inject 42	20 mg sub-Q every 4	weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m	g/mL SureClick g/mL	
	·	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS	Inject 42	20 mg sub-Q every 4 5 mg sub-Q every 2 v	weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/	g/mL SureClick g/mL	
Z	Praluent	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen	Inject 42	20 mg sub-Q every 4 5 mg sub-Q every 2 v	weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/	g/mL SureClick g/mL	
Z	Praluent	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS	Inject 42	20 mg sub-Q every 4 5 mg sub-Q every 2 v	weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/	g/mL SureClick g/mL	
Z	Praluent Other:	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS	Inject 42	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2	weeks veeks weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/	g/mL SureClick g/mL ml	
PRESCRIPTION	Praluent Other:	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS	Inject 42 Inject 75 Inject 15	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2	weeks weeks weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg	g/mL SureClick g/mL ml /mL	
PRESCRIPTION	Praluent Other:	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS ON TRAINING: OFFICE TO	Inject 42 Inject 75 Inject 15 COORDIN Prescrib	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2	weeks weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg	g/mL SureClick g/mL ml /mL	
PRESCRIPTION	Praluent Other: INJECTI Anticipated Start Date: _ Ship to: Patient Fax #:	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL PFS ON TRAINING: OFFICE TO Physician Clinic Other: Contact N	Inject 42 Inject 75 Inject 15 COORDIN Prescrib	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2 ATE WEI	weeks weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg	g/mL SureClick g/mL ml /mL	
PRESCRIPTION	Praluent Other: INJECTI Anticipated Start Date: _ Ship to: Patient Fax #:	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS ON TRAINING: OFFICE TO	Inject 42 Inject 75 Inject 15 COORDIN Prescrib	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2 ATE WEI	weeks weeks	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg	g/mL SureClick g/mL ml /mL	
PRESCRIPTION	Praluent Other: INJECTI Anticipated Start Date: _ Ship to: Patient Fax #: Office Address: The terms and conditions	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL PFS ON TRAINING: OFFICE TO Physician Clinic Other: Contact N s posted at www.WellDyneSpecialty.com by	Inject 43 Inject 78 Inject 18 COORDIN Prescrit	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2 ATE WEI City: ead by the person sig	weeks weeks LLDYNE SF	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg TY TO COOR State: e incorporated	g/mL SureClick g/mL ml /mL DINATE Zip: into this docume	nt by reference.
PRESCRIPTION	Praluent Other: INJECTI Anticipated Start Date: _ Ship to: Patient Fax #: Office Address: The terms and conditions	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS ON TRAINING: OFFICE TO Physician Clinic Other: Contact N	Inject 43 Inject 78 Inject 18 COORDIN Prescrit	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2 ATE WEI City: ead by the person sig	weeks weeks LLDYNE SF	1 pa 2 pa 3 pa 1 Carto	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg TY TO COOR State: e incorporated	g/mL SureClick g/mL ml /mL DINATE Zip: into this docume	nt by reference.
PRESCRIPTION	Praluent Other: INJECTI Anticipated Start Date: _ Ship to: Patient Fax #: Office Address: The terms and condition: The data privacy terms p	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL PFS ON TRAINING: OFFICE TO Physician Clinic Other: Contact N s posted at www.WellDyneSpecialty.com by	Inject 43	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2 ATE WEI Der Specialty: City: ead by the person signing to the person	weeks weeks LLDYNE SF	1 pa 2 pa 3 pa 1 Carto 1 carto PECIAL m and are and are	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg TY TO COOR State: e incorporated incorp	g/mL SureClick g/mL ml /mL DINATE Zip: into this document to this document	nt by reference.
PRESCRIPTION	Praluent Other: INJECTI Anticipated Start Date: _ Ship to: Patient Fax #: Office Address: The terms and condition: The data privacy terms processed in the data processed in the data processed in the data processed in the data processed in the	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS ON TRAINING: OFFICE TO Physician Clinic Other: Contact N s posted at www.WellDyneSpecialty.com have	Inject 42 Inject 43 Inject 44 Inject 44 Inject 44 Inject 45 Inject 45	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2 ATE WE Der Specialty: City: ead by the person signiler pharmacy as an a	weeks weeks weeks LLDYNE SF	1 pa 2 pa 3 pa 1 Carto 1 carto PECIAL m and are and are are corescribe	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg TY TO COOR State: e incorporated incorporated in r if unable to d	g/mL SureClick g/mL ml /mL DINATE Zip: into this document ispense.	nt by reference. by reference.
Z	Praluent Other: INJECTI Anticipated Start Date: _ Ship to: Patient Fax #: Office Address: The terms and condition: The data privacy terms processed in the data processed in the data processed in the data processed in the data processed in the	140 mg/mL SureClick 420 mg/3.5mL Pushtronix System 75 MG/ML PEN 75 mg/mL PFS 150 mg/mL Pen 150 mg/mL PFS ON TRAINING: OFFICE TO Physician Clinic Other: _	Inject 42 Inject 43 Inject 44 Inject 44 Inject 44 Inject 45 Inject 45	20 mg sub-Q every 4 5 mg sub-Q every 2 v 50 mg sub-Q every 2 ATE WE Der Specialty: City: ead by the person signiler pharmacy as an a	weeks weeks weeks LLDYNE SF	1 pa 2 pa 3 pa 1 Carto 1 carto PECIAL m and are and are are corescribe	ck = 2 x 140 m ck = 3 x 140 m n = 2 x 75 mg/ n = 2 x 150 mg TY TO COOR State: e incorporated incorporated in r if unable to d	g/mL SureClick g/mL ml /mL DINATE Zip: into this document ispense.	nt by reference.

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