PHARMACA
SPECIALTY PHARMACY

HYPERCHOLESTEROLEMIA ENROLLMENT FORM

Fax: **888.882.3341**
Call: **855.465.8892**

1 PATIENT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alt Phone: _____
Email: _____
DOB: _____ ☐ M ☐ F Last 4 of SSN: _____

2 PRESCRIBER INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
NPI: _____ DEA: _____
Office Contact: _____ Phone: _____

3 INSURANCE INFORMATION:

Please attach front and back copies of prescription/medical insurance card(s).

4 CLINICAL INFORMATION:

To expedite prior authorization, please attach relevant clinical documentation.

Primary ICD-10: _____ Drug Allergies: ☐ NKDA ☐ _____

If prior authorization is denied, preferred alternatives or the option to appeal, if available, will be provided to the office.

Additional Information: _____

_____

_____

5 INJECTION TRAINING:

☐ Physician to Train ☐ Pharmacist to Train ☐ Other: _____

6 PRODUCT DELIVERY:

☐ Physician's Office ☐ Patient's Home ☐ Other: _____

PRESCRIPTION INFORMATION:

Medication	Dose and Form	Directions	Qty	Refills
☐ **Entresto**	☐ 49/51 mg Tablets ☐ 97/103 mg Tablets	☐ Take one tablet by mouth twice daily		
☐ **Praluent**	☐ 75 mg/2mL Pen	☐ Inject 75 mg SC every 2 weeks	2	
	☐ 150 mg/2mL Pen	☐ Inject 150 mg SC every 2 weeks ☐ Inject 300 mg SC once a month	2	
☐ **Repatha**	☐ 140 mg/mL SureClick Autoinjector	☐ Inject 140 mg SC every 2 weeks	2	
		☐ Inject 420 mg SC once a month (Inject three 140 mg/mL injections consecutively within 30 minutes)	3	
	☐ 420 mg/3.5mL Pushtronex System	☐ Inject single use Pushtronex System as directed	1	
☐ **Vascepa**	☐ 0.5 g Capsules ☐ 1 g Capsules	☐ Take four capsules by mouth twice daily with food ☐ Take two capsules by mouth twice daily with food		
☐				

I authorize Pharmaca and its affiliates to act on my behalf to obtain prior authorization and/or other assistance if applicable. I acknowledge that prior authorization/payment is not guaranteed.

X _____ X _____

PHYSICIAN SIGNATURE REQUIRED

Substitution Permitted Date Dispense as Written Date