



Phone: (844) 431 - 7277

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Cardiology

For pharmacy locations, please scan QR code.



Specialty Pharmacy Services Enrollment Form

New York Prescribers, please submit an electronic prescription together with the Enrollment Form

PATIENT INFORMATION

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: M F	Weight:	Height:	Diabetic: Y N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cel:	HIPAA Contact:	Emergency #:	Interpreter Needed? Y N		

PRESCRIBER INFORMATION

Prescriber Name:	MD DO NP PA NPI:		
Supervising Physician, if applicable:			
Address:	City:		
State:	Zip:	Phone:	Fax:

INSURANCE INFORMATION | PLEASE SEND COPY OF INSURANCE CARD

Primary Insurance:	Policy ID:	Group #:
Policyholder Name:	Policyholder DOB:	BIN: PCN:

CLINICAL INFORMATION | PLEASE SEND COPY OF PROGRESS NOTES AND LAB REPORTS SUPPORTING DIAGNOSIS

ICD-10 Diagnosis Code:	Pure Hypercholesterolemia (E78.00)	Mixed Hyperlipidemia (E78.2)	Other Hyperlipidemia (E78.4)	ASCVD-Specific Code (ICD-10): _____
Familial Hypercholesterolemia (E78.01)		HeFH (Heterozygous)	HoFH (Homozygous)	
Previous Hypercholesterolemia Treatments	Yes (Check all that apply)	No		
	Drug Name	Strength	Directions	Dates of Therapy
	atorvastatin	mg		_____ to _____
	ezetimibe	mg		_____ to _____
	pravastatin	mg		_____ to _____
	rosuvastatin	mg		_____ to _____
	simvastatin	mg		_____ to _____
	Other: _____	mg		_____ to _____
Other Hypercholesterolemia Treatments To Be Continued While On Therapy	Yes (Explain Below)		No	
	Drug Name	Strength	Directions	Dates of Therapy

PRESCRIPTION INFORMATION

Medication	Dose/Strength	Sig	Quantity	Refills
Leqvio Pre-Filled Syringe	284 mg/1.5 mL	Inject 284 mg SQ every 3 months for 2 doses, then 284 mg SQ every 6 months		
Praluent Pre-Filled Pen	75 mg/mL 150 mg/mL	Inject 75 mg SQ every 2 weeks Inject 150 mg SQ every 2 weeks Inject 300 mg SQ every 4 weeks		
Repatha Pre-Filled Syringe	140 mg/mL	Inject 140 mg SQ every 2 weeks Inject 420 mg SQ every 2 weeks Inject 420 mg SQ every month		
Repatha SureClick® Autoinjector	140 mg/mL	Inject 140 mg SQ every 2 weeks Inject 420 mg SQ every 2 weeks Inject 420 mg SQ every month		

INJECTION TRAINING

Patient received injection training	Prescriber's office to provide injection technique	Price Chopper Specialty to coordinate injection training
By signing this form and utilizing our services, you are authorizing Price Chopper Specialty to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies		
Prescriber Signature:	Date:	Prescriber Signature: Date:
Substitution Permitted:	Issued: Dispense as Written	

Interchange is mandated unless the practitioner indicates 'Dispense as Written' or 'No Substitution' in accordance with the law.

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