reliance|rx℠
Specialty Pharmacy Services You Can Rely On

PCSK9 inhibitor physician attestation form

TEL: (716) 929-1000   1-800-809-4763   FAX: (716) 532-7360
For Independent Health Patients:
Fax: 716-631-9636 or 1-800-273-7397

Patient information / Prescriber information

Patient information	Prescriber information
Name:	Name:
IH ID number:	NPI:
Date of birth:	Office phone:
	Office fax:

Request is for: (check one)
☐ NEW THERAPY
☐ CONTINUATION/DOSE INCREASE

Diagnosis

☐ Homozygous familial hypercholesterolemia (HoFH)
☐ Heterozygous familial hypercholesterolemia (HeFH)
☐ Established cardiovascular disease (ASCVD)
☐ Primary hypercholesterolemia

Drug/dose requested

☐ **REPATHA** 140 mg every 2 weeks
☐ **REPATHA** 420 mg once monthly
☐ **PRALUENT** 75 mg every 2 weeks
☐ **PRALUENT** 150 mg every 2 weeks
☐ **PRALUENT** 300 mg once every 4 weeks

ICD-10 code: ________________

Current LDL-C: ____________ mg/dL   **Date of current LDL-C:** ________________

Statin therapy

(check all that apply and note whether the member has stopped the statin or is currently using it along with current daily dose)

☐ rosuvastatin	☐ failed (side effect)	☐ failed (efficacy)	☐ taking now *(daily dose:* ________ *mg)*
☐ atorvastatin	☐ failed (side effect)	☐ failed (efficacy)	☐ taking now *(daily dose:* ________ *mg)*
☐ simvastatin	☐ failed (side effect)	☐ failed (efficacy)	☐ taking now *(daily dose:* ________ *mg)*
☐ pravastatin	☐ failed (side effect)	☐ failed (efficacy)	☐ taking now *(daily dose:* ________ *mg)*
☐ lovastatin	☐ failed (side effect)	☐ failed (efficacy)	☐ taking now *(daily dose:* ________ *mg)*
☐ other	☐ failed (side effect)	☐ failed (efficacy)	☐ taking now

Will patient be using in combination with diet modification?   YES or NO

Prescriber signature: ____

Date: ____________________

This document contains confidential information.