

Fax Completed Form To: 844-815-2606



Baseline blood level of LID. within the past 3 months Current medication list & list of prior medications tried and failed (with dates) Letter of medical necessity if drug dosing or indication is outside of FDA guidelines  For ASCVD: History of clinical atherosclerotic cardiovascular disease includes one or more of the following:  ASCVD score  ACVD score  Coronary or other arterial revascularization Acute coronary syndrome Coronary artery disease (AD) History of proyocardial infarction (MI) Peripheral arterial disease (PAD) Other:  NURSING & LAB ORDERS  NURSING & Lab Orders:  Lab Orders:  PRESCRIPTION ORDERS  Anaphylaxis Kit: Epinephrine 0.3mg IM as needed NS Hydration 500 ml IV infusion as needed Other  Supply Orders: All supplies as appropriate to therapy will be provided as necessary.  PRESCRIPTION INFORMATION REFILLS  Sthis a first dose? Yes No If No, when was last dose given?  Induction: 284mg SC injection at month 0 and 3  Maintenance: 284mg SC injection at month 0 and 3  Monte	PATIENT INFORMATION							
Home Phone:   Gold Phone:   Work Phone:   Secondary Contact:   Height:   Weight:   Male   Female	Patient Name:		Referral Date:					
Regist:   Regi	Address:			City/State/Zip:				
Physician Name:   U.C.#:   DEA.#:   PROVIDER INFORMATION   Physician Name:   U.C.#:   DEA.#:   Phone   Dea.#:	Home Phone:			Work Phone:				
Physician Name:		,			eight: Male Female			
Physician Name:								
Rediress   NPIE								
Address:   City/State/Igs:   Office Conflict:   Phone:   Fax:								
Office Contact:   Phone:   Fax:   Supervisory Physician (if applicable):   DIAGNOSIS    ICD 10 Code								
Supervisory Physician (If applicable):  ICD 10 Code Required Atherosclerotic heart disease (ASVD), K 10:125.10  PLEASE ATTACH  Patient demographic & front/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, lab & pertinent procedure results Baseline blood deed of IDL within the past 3 months Current medication list & list of prior medications tried and failed (with dates) Letter of medical necessity if drug dosing or indication is outside of FDA guidelines  For ASSVD: History of clinical atherosclerotic cardiovascular disease includes one or more of the following: ASSVD xore Coronary or other arterial revascularization Stroke Coronary syndrome Coronary arrey disease (AD) History of myocardial infarction (MI) Stable or unstable angina  Despite and arterial disease (PMD) Other:  NURSING & LAB ORDERS  Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.  Lab Orders:  Lab Orders:  PRESCRIPTION INFORMATION  REFILLS  This a first dose?  No If No, when was last dose given?  PRESCRIPTION INFORMATION  REFILLS  When is patient demographic Stain therapy OR patient is not currently statin therapy and has documented intolerance or contraindication to statin therapy and has documented intolerance or contraindication to statin therapy and has documented intolerance or contraindication to statin therapy and has documented intolerance or contraindication to statin therapy and has documented intolerance or contraindication to statin therapy and has documented intolerance or contraindication to statin therapy and the statin therapy and has documented intolerance or or to result statin intolerant a stant drapp or patient is not currently statin therapy and has documented intolerance or or to retain the advanced or statin therapy and the statin therapy and therapy and therapy and therapy and thera								
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PLEASE ATTACH  Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, bla & pertinent procedure results Baseline blood level of LDL within the past 3 months  Current medication lat & list of prior medication is to sustaid of FDA guidelines  For ASCVD: History of clinical atherosclerotic cardiovascular disease includes one or more of the following: ASCVD score Coronary syndrome Coronary syndrome Coronary artery disease (AD) History of myocardial infarction (MI) Stable or unstable angina  Other:  NURSING & LAB ORDERS  Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.  Lab Orders:  PRESCRIPTION ORDERS  Anaphylaxis Kit: Epinephrine 0.3mg M as needed Solu-cortef 250mg-500mg V infusion as needed Other  PRESCRIPTION INFORMATION  REFILLS  Ithis a first dose? Yes No If No, when was last dose given?  PRESCRIPTION infusion as needed Other  PRESCRIPTION infusion and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance comp  NONE  PRESCRIPTION infusion and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance comp				Other:	Other: ICD 10:			
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Recent office vist notes, history & physical, bla & pertinent procedure results Baseline blood level of LDL within the past 3 months Current medication list & list of promedications tried and failed (with dates) Letter of medical necessity lif drug dosing or indication is outside of FDA guidelines  For ASCVD: History of clinical atherosclerotic cardiovascular disease includes one or more of the following:  ASCVD score ACUTE Coronary or other arterial revascularization ACUTE or mystadrome Coronary artery disease (CAD) Transient ischemic attach (TIA) History of myocardial infarction (MI) Stable or unstable angina Other:  NURSING & LAB ORDERS  Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.  Lab Orders:  Lab Orders:  PRESCRIPTION ORDERS  Anaphylaxis Kit: Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV infusion as needed Other  PRESCRIPTION INFORMATION  REFILLS  By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance comp	PLEASE ATTACH							
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Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.  Lab Date & Frequency:  PRESCRIPTION ORDERS  Anaphylaxis Kit: Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV infusion as needed Other  Supply Orders: All supplies as appropriate to therapy will be provided as necessary.  PRODUCT PRESCRIPTION INFORMATION REFILLS  Is this a first dose? Yes No If No, when was last dose given? When is patient due for next dose?  LEQVIO Induction: 284mg SC injection at month 0 and 3 NONE  Maintenance: 284mg SC injection every 6 months  OTHER  By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance comp	Acute coronary Coronary arter History of myo	y syndrome Stroke y disease (CAD) Transient isch cardial infarction (MI) Peripheral ar	Confirmed by Simon Broome Register Diagnostic Criteria: Mutation in LDLR, ApoB, PCSK9, or ARH adaptor protein (LDLRAP1) gene WHO/Dutch Lipid Clinic Network Score (DLCNS) > 8 points, Score:					
Lab Orders:  PRESCRIPTION ORDERS  Anaphylaxis Kit: Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV infusion as needed Solu-Medrol 40-60mg via IM injection as needed (Check all that apply) Diphenhydramine mg PO as needed NS Hydration 500 ml IV infusion over 30 minutes as needed Other  Supply Orders: All supplies as appropriate to therapy will be provided as necessary.  PRODUCT PRESCRIPTION INFORMATION REFILLS  Is this a first dose? Yes No If No, when was last dose given? When is patient due for next dose?  LEQVIO Induction: 284mg SC injection at month 0 and 3 NONE  Maintenance: 284mg SC injection every 6 months  OTHER  By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance comp	NURSING & LAB ORDERS							
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Prescriber's Signature Print Name Date Prescriber's Signature Print Name Date <u>Dispense as Written</u> Substitution Permitted	Prescriber's Signature	Print Name	Date	-		rint Name	Date	





