Hypercholesterolemia

Rx International Pharmacy

Phone: (305) 221-1421
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Patient Information

patient: _____ ☐ male ☐ female DOB: _____ SS#: _____
(last name, first name)

address: _____
(street, city, state, zip)

primary phone number: _____ ☐ cell alternate phone number: _____ ☐ cell

caregiver: _____ allergies: _____ ☐ NKDA

comorbidities: _____ height: _____ weight: _____ ☐ lbs ☐ kg date: _____

Clinical Information

Diagnosis/ICD-9:

Hypercholesterolemia *(MUST select at least one)*

☐ 272.0 Pure hypercholesterolemia
☐ 272.2 Mixed hyperlipidemia
☐ 272.4 Other hyperlipidemia

For ASCVD patients, MUST select appropriate code for Hypercholesterolemia AND ASVCD

Clinical ASCVD *(check all that apply)*

Ischemic Heart Disease

☐ 410 Acute myocardial infarction
☐ 411 Other acute and subacute forms of ischemic heart disease
☐ 412 Old myocardial infarction
☐ 413 Angina pectoris
☐ 414 Other forms of chronic ischemic heart disease

Cerebrovascular and Peripheral Vascular Disease

☐ 433 Occlusion and stenosis of precerebral arteries
☐ 434 Occlusion of cerebral arteries
☐ 435 Transient cerebral ischemia
☐ 438 Late effects of cerebrovascular disease
☐ 440 Atherosclerosis

Other ASCVD-specific code(s) _____

Previous/Current Therapies:

☐ none
☐ atorvastatin _____ mg/day date(s): _____
☐ ezetimibe _____ mg/day date(s): _____
☐ ezetimibe/simvastatin _____ mg/day date(s): _____
☐ pravastatin _____ mg/day date(s): _____
☐ rosuvastatin _____ mg/day date(s): _____
☐ simvastatin _____ mg/day date(s): _____

Lab Results:

LDL-C _____ mg/ml

Result Date _____

Prescription	Strength	Directions	Quantity	Refill
☐ Praluent®	☐ 75 mg/mL Pen ☐ 75 mg/mL PFS	Inject 75 mg sub-Q every 2 weeks	1 carton = 2 x 75 mg/mL	
	☐ 150 mg/mL Pen ☐ 150 mg/mL PFS	Inject 150 mg sub-Q every 2 weeks	1 carton = 2 x 150 mg/mL	
☐ Repatha™	☐ 140 mg/mL PFS ☐ 140 mg/mL SureClick®	☐ Inject 140 mg sub-Q every 2 weeks ☐ Inject 420 mg sub-Q every 4 weeks	☐ 1 pack = 1 x 140 mg/mL PFS ☐ 1 pack = 1 x 140 mg/mL SureClick® ☐ 2 pack = 2 x 140 mg/mL SureClick® ☐ 3 pack = 3 x 140 mg/mL SureClick®	

Injection Training

☐ Patient received injection training ☐ Prescriber's office to provide injection training ☐ Pharmacy to coordinate injection training

Prescriber + Shipping Information

prescriber (print): _____ office contact: _____

preferred method of contact: ☐ phone ☐ fax ☐ email preferred contact persons email: _____

ship to: ☐ patient ☐ office ☐ alternate _____
(shipping address: street, city, state, zip)

office address: _____
(street, suite, city, state, zip)

phone: _____ fax: _____ NPI: _____

prescriber's signature: _____ date: _____

I authorize Rx International Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

Insurance Information: please fax copy of insurance card (front + back)