



SPECIALTY PHARMACY

# CARDIOVASCULAR

New Orleans, LA toll free 888.355.4191 toll free fax 888.355.4192

[krogerspecialtypharmacy.com](http://krogerspecialtypharmacy.com)

DATE: \_\_\_\_\_ NEEDS BY DATE: \_\_\_\_\_ SHIP TO:  PATIENT  OFFICE  OTHER \_\_\_\_\_

| PATIENT INFO      |   |
|-------------------|---|
| Patient Name      |   |
| Address           |   |
| City, State, Zip  |   |
| Main Phone        | Alternate Phone   |
| Social Security # |   |
| Date of Birth     | <input type="checkbox"/> Male <input type="checkbox"/> Female |

| PRESCRIBER INFO  |       |           |
|------------------|-------|-----------|
| Prescriber Name  |       |           |
| DEA #            | NPI # | License # |
| Address          |       |           |
| City, State, Zip |       |           |
| Phone            | Fax   |           |
| Contact Person   |       |           |

PLEASE FAX COPY OF:  PRESCRIPTION CARD FRONT & BACK  CLINICAL NOTES  MEDICAL CARD FRONT & BACK

## CLINICAL INFORMATION

**Diagnosis:**  E78.00 Pure Hypercholesterolemia (including HeFH and HoFH)  E78.01 Familial Hypercholesterolemia  E78.2 Mixed Hyperlipidemia  E78.4 Other Hyperlipidemia  E78.5 Unspecified Hyperlipidemia  ASCVD Specific Code(s) \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

**Please provide one secondary ICD-10-CM code:**  I20.0 Unstable Angina  I20.9 Angina Pectoris, Unspecified  I21.\_\_\_\_ Acute Myocardial Infarction

I22.\_\_\_\_ Subsequent Myocardial Infarction  I25.\_\_\_\_ Chronic Ischemic Heart Disease  I63.\_\_\_\_ Cerebral Infarction

I65.\_\_\_\_ Occlusion and Stenosis of Cerebral Arteries, Extracranial  I66.\_\_\_\_ Occlusion and Stenosis of Cerebral Arteries, Intracranial

I67.\_\_\_\_ Other Cerebrovascular Diseases  I70.\_\_\_\_ Atherosclerosis  I73.9 Peripheral Vascular Disease, Unspecified

G45.9 Transient Cerebral Ischemic Attack, Unspecified  G46.\_\_\_\_ Vascular Syndromes  Other (specify ICD-10-CM): \_\_\_\_\_

Most recent LDL-C level on treatment \_\_\_\_\_ Date \_\_\_\_\_

Prior and/or Current Treatments:  Atorvastatin (Lipitor\*)  Ezetimibe (Zetia\*)  Pravastatin (Pravachol\*)  Rosuvastatin (Crestor\*)  Simvastatin (Zocor\*)

Other \_\_\_\_\_

Dose \_\_\_\_\_ Length of Treatment \_\_\_\_\_ Reason for Discontinuing \_\_\_\_\_

Family History of ASCVD \_\_\_\_\_ Yes \_\_\_\_\_ No Allergies \_\_\_\_\_ Does patient have a latex allergy?  Yes  No

## PRESCRIPTION INFORMATION QUANTITY REFILLS

|           |   |  |               |       |
|-----------|---|--|---------------|-------|
| Praluent™ | <input type="checkbox"/> 75 mg/mL Prefilled Pen 2 pack<br><input type="checkbox"/> 150 mg/mL Prefilled Pen 2 pack | Inject subcutaneously once every 2 weeks   | 4 week supply | _____ |
|           | <input type="checkbox"/> 150 mg/mL Prefilled Pen 2 pack   | Inject 300mg (2-150mg) subcutaneously once every 4 weeks   |               |       |
| Repatha™  | <input type="checkbox"/> 140 mg/mL SureClick® 2 pack  | Inject subcutaneously once every 2 weeks   | 4 week supply | _____ |
|           | <input type="checkbox"/> 420 mg/3.5 mL single-use Pushtronex™ System  | Administer subcutaneously once monthly over 9 minutes by using the single-use on-body infusor with prefilled cartridge |               |       |

By signing this form and utilizing our services, you are authorizing Kroger Specialty Pharmacy™ and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.

Prescriber's Signature (no stamps) Substitution Permitted Date Prescriber's Signature (no stamps) Dispense As Written Date

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