



*Patients must bring an original prescription to the pharmacy. Faxed prescriptions will only be accepted from a prescribing practitioner.*

### PATIENT INFORMATION

Deliver Here

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Gender:  Male  Female

Email: \_\_\_\_\_

Last 4# of SS: \_\_\_\_\_

### PRESCRIBER INFORMATION

Deliver Here

Name: \_\_\_\_\_

State License #: \_\_\_\_\_ NPI: \_\_\_\_\_

DEA #: \_\_\_\_\_ Tax ID \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE INFORMATION

If available, please fax copy of prescription insurance cards with this form (front and back).

#### ICD-10 Codes and Diagnosis

Primary ICD-10 (must select one)

E78.0 Pure Hypercholesterolemia (including HeFH and HoFH)

E78.2 Mixed Hyperlipidemia

E78.4 Other Hyperlipidemia

E78.5 Hyperlipidemia, unspecified

#### Secondary ICD-10 (select all that apply)

120.0 Unstable Angina

120.9 Angina Pectoris

121. \_\_\_ Acute Myocardial Infarction

122. \_\_\_ Subsequent Myocardial Infarction

125. Chronic Ischemic Heart Disease

163. Cerebral Infarction

165. Occlusion and stenosis of Cerebral Arteries, Intracranial

167. Other Cerebrovascular Diseases

Other, Specify ICD-10 \_\_\_\_\_

#### Previous Treatment (select all that apply)

Atorvastatin (Lipitor) 10mg 20mg 40mg 80mg

Rosuvastatin (Crestor) 5mg 10mg 20mg 40mg

Simvastatin (Zocor) 5mg 10mg 20mg 40mg 80mg

Ezetimibe (Zetia) 10mg

Other statin/lipid lowering agent(s): \_\_\_\_\_

Current therapy: \_\_\_\_\_ Dose: \_\_\_\_\_ Date Started: \_\_\_\_\_

Achieved maximum tolerated statin dose? \_\_\_\_\_

#### Lab Results:

*please attach a copy of patients most recent lipid panel*

LDL-C \_\_\_\_\_ mg/ml Date \_\_\_\_\_

Intolerance to statins (list medications and dose failed): \_\_\_\_\_

Rhabdomyolysis Myositis Myalgia

Baseline LFT's: \_\_\_\_\_

### PRESCRIPTION

| Name                               | Strength   | Directions   | Quantity  | Refills |
|------------------------------------|--|--|---|---------|
| <input type="checkbox"/> Praluent® | <input type="checkbox"/> 75 mg/mL Pen<br><input type="checkbox"/> 75 mg/mL PFS<br><input type="checkbox"/> 150 mg/mL Pen<br><input type="checkbox"/> 150 mg/mL PFS | <input type="checkbox"/> Inject subcutaneously every 2 weeks<br><br><input type="checkbox"/> Other: _____                | <input type="checkbox"/> 1 month supply<br><br><input type="checkbox"/> Other: _____  |         |
| <input type="checkbox"/> Repatha™  | <input type="checkbox"/> 140 mg/mL PFS<br><input type="checkbox"/> 140 mg/mL SureClick®  | <input type="checkbox"/> Inject 140 mg sub-Q every 2 weeks<br><input type="checkbox"/> Inject 420 mg sub-Q every 4 weeks | <input type="checkbox"/> 1 pack = 1 x 140 mg/mL PFS<br><input type="checkbox"/> 1 pack = 1 x 140 mg/mL SureClick®<br><input type="checkbox"/> 2 pack = 2 x 140 mg/mL SureClick®<br><input type="checkbox"/> 3 pack = 3 x 140 mg/mL SureClick® |         |

**PATIENT SUPPORT PROGRAMS:** Please sign and date below to enroll in the pharmaceutical company assisted patient support program

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dispense as written

Date

Substitution Permissible

Date

I authorize Medical Center Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process. **IMPORTANT NOTICE:** This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the intended recipient, do not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately. Pursuant to VA/OH/MOV/T law, only 1 medication is permitted per order form. Please use a new form for additional items.

# of Prescriptions: \_\_\_\_\_

There are 1 of 4 options for you when finding our company: 1. NPI # - 1821395609, 2. NCPDP # - 5640289

3. Company Name: Community Medical Center Pharmacy, 4. Company Address: 610 Gateway Center Way, San Diego, CA 92102

