



## Cardiovascular

<b>Patient Information:</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Alt Phone: _____ Email: _____ DOB: _____ Height: _____ Weight: _____ Gender: M F Caregiver: _____	<b>Prescriber Information:</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ NPI: _____ DEA: _____ Tax ID: _____ Office Contact: _____ Phone: _____
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**Drug Allergies:** \_\_\_\_\_ **Latex Allergy?** Yes No

**CLINICAL INFORMATION:**

**Primary Diagnosis:**

E78.0 Pure Hypercholesterolemia (including HeFH and HoFH)    
  E78.2 Mixed Hyperlipidemia    
  E78.4 Other Hyperlipidemia  
 E78.5 Unspecified Hyperlipidemia    
  ASCVD Specific Codes: \_\_\_\_\_

**Secondary Diagnosis:**

I20.0 Unstable Angina    
  I20.9 Angina Pectoris, Unspecified    
  I21. Acute Myocardial Infarction  
 I22. Subsequent Myocardial Infarction    
  G45.9 Transient Cerebral Ischemic Attack    
  I63. Cerebral Infarction  
 I73.9 Peripheral Vascular Disease    
  I70. Atherosclerosis    
  G46. Vascular Syndromes  
 Other (ICD-10 Code): \_\_\_\_\_

**Prior Failed Medications:**

<input type="checkbox"/> Atorvastatin _____ mg	Length of Treatment: _____	Reason for Discontinuing: _____
<input type="checkbox"/> Pravastatin _____ mg	Length of Treatment: _____	Reason for Discontinuing: _____
<input type="checkbox"/> Rosuvastatin _____ mg	Length of Treatment: _____	Reason for Discontinuing: _____
<input type="checkbox"/> Simvastatin _____ mg	Length of Treatment: _____	Reason for Discontinuing: _____
<input type="checkbox"/> Ezetimibe _____ mg	Length of Treatment: _____	Reason for Discontinuing: _____

**Homozygous Familial Hypercholesterolemia (HoFH):**

Cutaneous or tendon xanthoma before age 10 years  
 Untreated elevated LDL-C levels consistent with heterozygous FH in both parents - untreated total cholesterol > 290mg/dl (>7.5mmol/L) or LDL-C > 190mg/dl (>4.9mmol/L)  
 Genetic Confirmation of two mutant alleles at the LDLR, Apo-B, PCSK9, ARH adaptor protein 1/LDLRAP1 gene locus

**Heterozygous Familial Hypercholesterolemia (HeFH):**

Yes     No    The patient has a first or second degree relative with a pretreatment cholesterol of >290mg/dl (>7.5 mmol/L)

ASCVD Pooled Cohort Risk Assessment Score: \_\_\_\_\_ Framingham Risk Score: \_\_\_\_\_

**PLEASE FAX COPIES:**     Medical Card (Front and Back)     Prescription Card (Front and Back)     Clinical Notes

**INJECTION TRAINING:**     Trained in Provider Office     Manufacturer Support     Trained by Pharmacist

Medication	Dosage and Strength	Directions	Quantity	Refills
<input type="checkbox"/> <b>Praluent®</b>	<input type="checkbox"/> 75mg/ml Prefilled Pen (2-Pack)	<input type="checkbox"/> Inject 75mg SC every other week	1	
	<input type="checkbox"/> 150mg/ml Prefilled Pen (2-Pack)	<input type="checkbox"/> Inject 150mg SC every other week	1	
		<input type="checkbox"/> Inject 300mg SC every 4 weeks	1	
<input type="checkbox"/> <b>Repatha®</b>	<input type="checkbox"/> 140mg/ml SureClick® (2-Pack)	<input type="checkbox"/> Inject 140mg SC every other week	1	
	<input type="checkbox"/> 140mg/ml pre-filled syringe (1-Pack)	<input type="checkbox"/> Inject 420mg SC every month (3 injections SC 30 minutes apart)	3	
	<input type="checkbox"/> 420mg/3.5ml single-use Pushtronex®	<input type="checkbox"/> Inject 420mg SC every month (over 9 minutes via single-use on-body infuser with prefilled syringe).	1	
<input type="checkbox"/> <b>Other</b>				

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**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_