Cardiology

REFERRAL FORM

Phone: 818-390-9696 Toll-free: 855-265-7850 ● Fax: 818-804-3492 Toll-free fax: 855-450-6717 ● info@MedicoRX.com

Patient information	Prescriber information
Name: **DOB:**	**Prescriber's Name:**
Address: **City, State, Zip**	**NPI#**
	DEA# **License#**
Phone # **Alt#**	**Address** **City, State, Zip**
SSN:	
Height: **Wt:**	**Phone #** **Fax #**
Allergies:	
Emergency Contact/ Phone #	**Contact Person:**

Clinical Considerations

ICD-10 Codes: □ E78.0 (Pure Hypercholesterolemia) □ E78.2 (Mixed hyperlipidemia) □ E78.4 (Other Hyperlipidemia) □ E78.5 (Unspecified Hyperlipidemia)

ASCVD-Specific Code _____

Previous Lipid-Lowering Treatments: □ None □ Yes (Check all that apply)

Strength/Freq Dates of Therapy

□ Atorvastatin _____mg/ _____ mm/yy_____to_____
□ Ezetimibe _____mg/ _____ mm/yy_____to_____
□ Pravastatin _____mg/ _____ mm/yy_____to_____
□ Rosuvastatin _____mg/ _____ mm/yy_____ to_____
□ Simvastatin _ _____mg/ _____ mm/yy_____to_____
□ Other _____mg/ _____ mm/yy_____ to_____

Other Lipid-Lowering Agents to be Used Concurrently with PCSK9 Treatment:

□ None □ Yes (please indicate below)

_____
_____
_____

Is the patient statin intolerant? □ Yes □ No If YES, describe intolerance _____
Any other contraindications to non-PCSK9 therapy for hypercholesterolemia? _____
Lab Values: □ LDL-C _____mg/dl Date: _____

Medication	Dose/Strength	Directions for Use	Quantity	Refills
□ **Repatha® (evolocumab)**	□ **140mg/ml**			
□ Prefilled Syringe		□ **Inject 140mg SQ every 2 weeks**		
□ Prefilled SureClick Auto-Injector		□ **Inject 420 mg SQ once a month**		
□ **Praluent® (alirocumab)**				
□ Prefilled Pen	□ **75mg/ml**	□ **Inject 75mg SQ every 2 weeks**		
□ Prefilled Syringe	□ **150mg/ml**	□ **Inject 150 mg SQ once a month**		

By signing this form I authorize MedicoRX and its representatives to act as my agent in order to initiate and execute the insurance prior authorization process and, in doing so release clinical information via phone to the appropriate third party payer.

_____

Prescriber's signature (no stamps) if brand required check this □ DAW___ **Date**