meijer specialty pharmacy

P: 1-855-263-4537 • F: 734-391-2365
www.meijerspecialtypharmacy.com

Cardiology

Physician Information

Send updates to: ◯ Fax: _____ ◯ Email: _____ ◯ Text: _____

Prescriber Name:		◯MD ◯DO ◯NP ◯PA	NPI:
Office Contact:		Practice Name / Supervising MD:	
Address:		City:	
State:	Zip:	Phone:	Fax:

Patient Information | PLEASE SEND COPY OF INSURANCE CARD

Patient's Name:	Last 4 Digits of SS#:	DOB: / /	Sex: ◯ M ◯ F	Weight:	Height:	Diabetic: ◯ Y ◯ N
Address:	City:	State:	Zip:	Allergies:		
Home Phone:	Work Or Cell:	HIPAA Contact:	Emergency #:	Interpreter Needed? ◯ Y ◯ N		

Insurance Information

Primary Insurance:	Policy ID:	Group #:	
Policyholder Name:	Policyholder DOB:	BIN:	PCN:

Clinical Information | PLEASE SEND COPY OF MEDICAL AND PRESCRIPTION INSURANCE CARDS, PROGRESS NOTES AND LAB REPORTS, SUPPORTING DIAGNOSIS, CO-MORBIDITIES AND LAB VALUES

ICD-10/Diagnosis Code:	Primary Diagnosis: ◯ Pure Hypercholesterolemia, Heterozygous FH (E78.0) ◯ Pure Hypercholesterolemia, Homozygous FH (E78.0) ◯ Hyperlipidemia, Mixed (E78.2)		
◯ Hyperlipidemia, Unspecified (E78.5)	Secondary Diagnosis: ◯ Unstable Angina (I20.0) ◯ Angina Pectoris, Unspecified (I20.9) ◯ Acute MI (I21) ◯ ASCVD without Angina (I25.10)		
◯ ASCVD with Unstable Angina (I25.110) ◯ CABG (Z95.1) ◯ Stroke (I63) ◯ PVD (I73.9) ◯ Carotid Artery Occlusion/Stenosis (I65.2) ◯ TIA (G45.9) ◯ Other (Specify ICD):			
TREATMENT ARRANGEMENTS:	Ship Meds: ◯ Home ◯ Doctor's Office	Start Date: / /	*Counseling and education provided by Meijer's Clinical Team

Prescription Information

Medication	Dose/Strength	Sig	Quantity	Refills
◯ **PRALUENT**® (alirocumab) injection	◯ 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**™ (evolocumab)	◯ 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 (Qty 2) ◯ 2 pack = 2 x 140 mg/mL SureClick®	
◯ **REPATHA**™ **PUSHTRONEX** (evolocumab)	◯ 420mg/3.5mL	◯ Inject 420mg sub-Q over 9 minutes by using the single-use on-body infusor with prefilled cartridge every 4 weeks	◯ 1 Pushtronex	
◯ Other:				

Injection Training

◯ Patient received injection training	◯ Prescriber's office to provide injection training	◯ Meijer to coordinate injection training

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

Physician Signature:	Date

Substitution Permitted

Physician Signature:	Date

Dispense as Written