

## Heart Failure

437 Fernando Court • Glendale, CA 91204 • MAIN: 818.309.2884 • FAX: 818.309.1704 • www.deltadrugs.com

PATIENT INFORMATION						PHYSICIAN INFORMATION			
Patient Name:						Physician Name:			
Address:						Contact:			
City, State, Zip:						NPI #:			
Phone #: Secondary Phone #:						Address:			
Patient SSN#: Date of Birth:						City, State, Zip Code			
Weight (lbs): Height (in.): Gender: ☐ Male ☐ Female							City	y, state, zip code	
Allergies:						Phone #:			
Primary Insurance:						Alt Phone #:			
ID#: Phone #:						Fax #:			
Secondary Insurance:						Email:			
ID#: Phone #:						Ship Rx to: ☐ Physician's Office ☐ Patient's home			
FAX COPY OF INSURANCE CARD (FRONT & BACK)									
CLINICAL INFORMATION									
ICD-10 Diagnosis  □ I50.20 Unspecified systolic (congestive) heart failure □ I50.22 Chronic systolic (congestive) heart failure □ U						BPM In sinus rhythm?			
Prior Treatment History  Beta-blockers: □ Atenolol mg □ Bisoprolol mg □ Carvedilol mg □ Metoprolol Succinate mg □ Nadolol mg □ Propranolol mg  Stable at Maximum Tolerated Dose: □ Yes □ No □ Not on beta-blocker due to: □ intolerance □ contraindication  FAX COPY OF ALL RELATED CLINICAL/LAB INFO						rtan	tan		
MEDICATION	STRENGTH	DIRECTIONS						QTY	REFILLS
□ CORLANOR®	□ 2.5 mg □ 5 mg □ 7.5 mg	☐ Twice daily by mouth						☐ 30 Day Supply	
☐ EDARBI	□ 40 mg □ 80 mg	☐ One tablet by mouth daily						☐ 30 Day Supply	
□ ENTRESTO® □ 24/26 mg*	If on ACEi	Patient taking >10 mg enalapril (or equivalent of another ACEi) Patient taking <10 mg enalapril		Stop ACEi 36 hours before	☐ 49/51 mg twice daily☐ 24/26 mg twice daily			s	
(sacubitril 24 mg & valsartan 26 mg)		(or equivalent of another ACEi)		starting ENTRESTO	_	twice daily after 2-4 weeks			
49/51 mg* (sacubitril 49 mg & valsartan 51 mg)	If on ARB	Patient taking >160 mg valsartan (or equivalent of another ARB)		49/51 mg twice daily				G 60 Day Supply	
		Patient taking ≤160 mg valsartan (or equivalent of another ARB)		☐ 24/26 mg twice daily					
97/103 mg* (sacubitril 97 mg & valsartan 103 mg)	Not on ACEi or ARB			☐ 49/51 mg twice daily after 2-4 weeks					
	Severe renal impairment	pairment 24/26 mg twice daily							
*dose based on current	Moderate hepatic impairment	97/103 mg twice daily after 2-4 weeks 97/103 mg twice daily after another 2-4 weeks							
treatments	Avoid use of ENTRESTO w/ an ARB (ENTRESTO contains the angiotensin II receptor blocker valsartan)								
Physician's Signature:  Date:  Dispense As Written									

I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS.