Hyperkalemia-Nephrology

Call: (877) 883-1392 Fax: (844) 436-9126

Patient Information: Name:_____ DOB:_____ Gender: ○M ○F

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____ Email: _____ Ht: _____ Wt: _____

Care Giver: _____ Allergies: ○ No Known ○ See Attached Charts Other: _____

Please include front and back copies of insurance card

Prescriber Information

Name: _____ NPI: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State:____ Zip:_____ Office Contact: _____

Statement of Medical Necessity (Please Attach All Medical Documentation)

Diagnostic Information

Date of Diagnosis: _____ ICD-10: _____ Other: _____

Is patient taking potassium supplements? ○Yes ○No

Is patient taking an ○ACE Inhibitor ○ ARB

I understand Veltassa or Lokelma should not be used as emergency treatment for life-threatening Hyperkalemia ○Yes

Labs	Date
Serum Potassium	
Intact PTH Level	
Serum Creatinine	
Creatinine Clearance	

Injection Training: ○ Pharmacist to Provide Training

○ Patient Trained in MD Office ○ Manufacturer Nurse Support

Product Delivery: ○ Patient's Home ○Physician's Office

○ Pharmacy to Coordinate

Medication List and Contraindication(s)
Sodium Polystyrene Sulfonate:
Loop Diuretic:
Thiazide Diuretic:
Calcium:
Insulin:
Other:

Prescription Information:

Medication	Dosage & Strength	Directions	Qty	Refills
○ Veltassa	○ 8.4g Powder for Oral Suspension ○ 16.8g Powder for Oral Suspension ○ 25.2g Powder for Oral Suspension	○ _____ ○ _____ ○ _____		
○ Lokelma	○ 5g Powder for Oral Suspension ○ 10g Powder for Oral Suspension	○ _____ ○ _____		
○ Other	○ _____	○ _____		

Prescriber Signature

(I authorize pharmacy to act as my designee for initiating and coordinating insurance prior authorizations, nursing services and patient assistance programs)

Signature: _____ Signature_____ Date: _____

Substitution Permitted **Dispense as Written**

Prior authorization approval and insurance benefits will be determined by the payor based upon the patient's eligibility, medical necessity, and the terms of the patient's coverage, among other things. Participation in this program is not a guarantee of prior authorization or of payment.

Confidentiality 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 named addressee, you should not disseminate, distribute or copy this fax. Please inform the sender immediately if you have received this document in error and then destroy this document immediately.