CoxHealth at Home

Hypercholesterolemia

PHONE: 1-855-419-4663 FAX: 1-417-269-0692

Patient Information	Prescriber + Shipping Information						
Datient name:	Prescriber name:						
		DOB:	NPI:	-			
		kg lbs Ht: cm in	Address:				
						ate: Zip:	
Apt/Suite: City	v:	State: Zip:					
Phone: Alternate:			Contact: Alternate:				
Caregiver name:							
		Phone:					
Insurance plan:		_ Plan ID:	If shipping to prescriber: ☐ First Fill ☐ Always Never				
Please fax a copy of front and back of the insurance card(s).							
Clinical Information	on (Please fax	all pertinent clinical and lab	information)				
Diagnosis: ☐ E78.0 (Pure hypercholesterolemia) ☐ E78.2 (Mixed hyperlipidemia) ☐ E78.4 (Oher hyperlipidemia)							
Diagnosis. a Ero.	` .	,		,		•	
Clinical ASCVD and	-	atients, MUST select appropriate			a AND AS	VCD	
Lab Results: LDL-C mg/ml Result Date:							
Prior Therapy	Yes No	Reason for Discontinuation of Th	erapy Approximate St		tart Date Approximate E		Date
Comorbidities:							
Concomitant Medica	tions:						
Allergies: ☐ NKDA							
Prescription			Quant	tity			Refill
•				•			
Praluent [®]	☐ Inject 75 mg SQ every 2 weeks		2 x 7	2 x 75 mg/mL		Pen	
(alirocumab)	☐ Inject 150 m	ig SQ every 2 weeks ig SQ every 4 weeks	2 x 150 mg/mL]		
	Inject 300 m	ig 3Q every 4 weeks					
Repatha ®	☐ Inject 140 mg SQ every 2 weeks		2	2 x 140 mg/mL 3 x 140 mg/mL		□ SureClick [®] Autoinjector □ PFS	
(evolocumab)	☐ Inject 420 mg SQ every 4 weeks						
(ovoioodiiidb)	a mjost 120 mg o a cvery 4 weeks		0 % 1 10 mg/m2		u FF3		
	☐ Administer 420 mg SQ monthly		1 x 420 mg/3.5 mL		Pushtronex TM		
Inication Training Dec	wided by D.D.	acomile only Office D. Covil leadth at l	U □ Othor				
injection Training Pro	ovided by: 🔟 Pre	escriber's Office	Home ☐ Other	•			
Prescriber's Signature:			Date:				
r rescriber s signature:	-						_
		nd its representatives to act as an agent to initiate and execute th					
0	of the same prescription for the p	patient listed above. I understand that I can revoke this designati	ion at any time by providing writ	tten notice to CoxHealth at Hom	e.		

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