ASP CARES

# Hypercholesterolemia

Ph: (214) 919-2090 or (877) 753-6878
Fax: 1 (888) 294-9434

**MAIN POINT OF CONTACT**
Name:_____
Phone:_____

**Injection Training:** ☐ MD Office ☐ Pharmacy to Arrange
**Ship To :** ☐ Patient Home ☐ MD Office

## PATIENT INFORMATION (Use this area or attach patient demographics)

Name:_____ Phone:_____ Phone 2:_____
Home Address:_____ City:_____ State:_____ Zip Code:_____
DOB:_____ SSN:_____ Sex: ☐ Male ☐ Female Height:_____ Weight:_____lbs.
Emergency Contact:_____ Phone:_____

## INSURANCE INFORMATION (Use this area or attach copy of insurance card(s))

Primary Insurance:_____ Secondary Insurance:_____
ID#:_____ RxBin:_____ ID#:_____ RxBin:_____
RxGroup:_____ Pcn:_____ RxGroup:_____ Pcn:_____

## MEDICAL ASSESSMENT (Use this area or attach patient labs and other authorization information)

Primary ICD-10: (select one)

☐ E78.0 Pure Hypercholesterolemia (including HeFH & HoFH)
☐ E78.2 Mixed Hyperlipidemia
☐ E78.4 Other Hyperlipidemia
☐ E78.5 Hyperlipidemia, unspecified

Secondary ICD-10: (select all that apply)

☐ I20.0 Unstable Angina
☐ I20.9 Angina Pectoris
☐ I21._ Acute Myocardial Infaction
☐ I22._ Subsequent Myocardial Infarction
☐ I25._ Chronic Ischemic Heart Disease
☐ I63._ Cerebral Infarction
☐ I65._ Occlusion & stenosis of Cerebral Arteries, Intracranial
☐ I67._ Other Cerebrovascular Diseases
☐ Other, Specify ICD-10 _____

℞

**Allergies:**

| Medication | Strength | Directions | Qty. | Refills |
|---|---|---|---|---|
| Repatha | ☐ 140 mg/ml PFS<br>☐ 140 mg/ml Sureclick | ☐ Inject 140 mg sub-Q every 2 weeks<br>☐ Inject 420 mg sub-Q every 4 weeks | | |
| Praluent | ☐ 75 mg/ml Pen ☐ 150 mg/ml Pen<br>☐ 75 mg/ml PFS ☐ 150 mg/ml PFS | ☐ Inject subcutaneously every 2 weeks<br>Other:_____ | ☐ 1 month supply<br>Other:_____ | |

Additional Drugs:

**ALL controlled substance quantities must be hand written in number and letter form**

Prescriber Name:_____ NPI#:_____
Address:_____ City:_____ State:____ Zip Code:_____
Phone:_____ Fax:_____

***Prescriber Signature:_____ Date:_____**



**Please fax completed form to 1 (888) 294-9434**