

Boca Raton
9980 Central Park Blvd
Suite 202, N
Boca Raton, FL 33428



(evinacumab-dgnb)

EVKEEZA™

Infusion orders

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS

New Referral Referral Renewal Medication/Order Change Benefits Verification Only Discontinuation Order

PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

DIAGNOSIS (and ICD 10 code)

- _____ Homozygous familial hypercholesterolemia (HoFH)
- _____ ICD 10 Code: E78.01
- ICD 10 Code: _____
- Other: _____

NOTE

List Tried & Failed Therapies, including duration of treatment:

- 1)
- 2)

EVKEEZA™ ORDERS

DOSE:

- 15mg/kg
- _____mg Calculated dose
- Max volume of 250ml 0.9%NS or D5W
- Other _____

FREQUENCY

- Over 1 hour
- Dose every 4 weeks
- Dose every _____

TOTAL DOSES:

- 6 months _____ 1 yr _____ Other _____ Refill _____

PATIENT WEIGHT

_____ lbs.
_____ kg

REQUIRED DOCUMENTATION:

- This signed order form by the provider
- Patient demographics AND insurance information
- Clinical/Progress notes supporting primary diagnosis
- Confirmation of homozygous familial hypercholesterolemia
- Confirmation of negative pregnancy test in females

ORDERING PROVIDER

Signature X Date _____

Provider _____ Phone _____ Fax _____