

LifeCare Infusion Center  
Fax Orders: 702-780-4887  
(702) 665-5730

## Medication Orders- LEQVIO (Inclisiran)

### Patient Information

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB \_\_\_\_\_

NKDA Allergies \_\_\_\_\_ Phone \_\_\_\_\_ Weight in lbs/kg \_\_\_\_\_

**Diagnosis:** Heterozygous Familial Hypercholesterolemia

- ICD-10 CM diagnosis code Description Disorders of lipoprotein metabolism and other lipidemias
- E78.00 Pure hypercholesterolemia, unspecified
- E78.01 Familial hypercholesterolemia
- E78.2 Mixed hyperlipidemia
- E78.4 Other hyperlipidemia
- E78.49 Other hyperlipidemia, familial combined hyperlipidemia
- E78.5 Hyperlipidemia, unspecified
- E78.9 Disorder of lipoprotein metabolism, unspecified

#### REQUIRED DOCUMENTATION:

- This signed order form by the provider
- Patient demographics AND insurance information (front and back)
- Clinical Progress Notes, (along with any therapies tried and outcomes)
- Labs and Tests supporting diagnosis
- Lipid Panel/Current Medication/LDL-C Values (in the last 90 days)
- History and Physical Report
- Statin history and or additional lipid-lowering treatment/Statin Intolerance (if applicable)

#### MEDICATION ORDERS

- Inclisiran (Leqvio) 284mg
- Maintenance Dose: Leqvio 284mg subcutaneous every 6 months
- Initial Frequency: Leqvio 284mg subcutaneous initially, again at 3 months, then every 6 months

Refills:  Zero/  for 12 months/  \_\_\_\_\_ (if not indicated order will expire one year from date signed )

### **\*\*ORDERING PROVIDER**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician NPI: \_\_\_\_\_ Physicians DEA \_\_\_\_\_

WHERE EVERY PATIENT IS FAMILY & HOPE HAS NO LIMITS...

LifeCare Infusion Center

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