



# MEDICA HEALTHCARE SERVICES

## INJECTIONS AND INFUSION SPECIALTY

CHRONIC & RARE DISEASES



### LEQVIO Medication Order Form

#### PATIENT INFORMATION

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

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Weight in lbs/kg: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

#### 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 o
- ☐ 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: \_\_\_\_\_

#### PLEASE SELECT PREFERRED PATIENT LOCATION:

- ☐ 105 Commerce St, # 109, Lake Mary, FL 32746
- ☐ 4850 W Oakland Park Blvd, #104, Lauderdale Lakes, FL 33313
- ☐ 3401 PGA Blvd, STE 540, Palm Beach Gardens, FL 33410
- ☐ 5210 Linton Blvd, STE 207, Delray Beach, FL 33484
- ☐ 3654 SW 30th Ave, Palm City, FL 34990

#### PLEASE FAX ORDER TO:

**Fax: 561-207-7848**

Phone: 689-488-1430

info@medicainfusion.com

www.medicainfusion.com