

**INFUSION & MEDICAL CENTER**

1. \_\_\_\_\_  
**Patient Name** **DOB** **Patient Phone/Cell #**

**Patient demographic and insurance information to be faxed with Infusion Order Form**

2. **Medical Information (Please select primary diagnosis and complete ICD10 Code):**

Primary Diagnosis: \_\_\_\_\_ Atherosclerotic Heart Disease ICD-10 Code: I25.10  
 \_\_\_\_\_ Familial Hypercholesterolemia ICD-10 Code: E78.01  
 \_\_\_\_\_ Family History of Familial Hypercholesterolemia ICD-10 Code: Z83.42  
 \_\_\_\_\_ Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

3. **Clinical Information – Please fax with Infusion Order Form:**

- Clinical MD Notes & labs supporting primary diagnosis
- Recent Lab Results including a baseline lipid panel
- Medication List
  - Include all cholesterol therapies trialed as well as documentation of efficacy, treatment failures and or intolerances to any agents

<b>Patient</b>	
<b>Weight:</b> _____	lbs.
<b>Height:</b> _____	in.

**Infusion Center: Lab Orders: (Check order for Infusion Center to manage):**

Obtain fasting lipid panel every \_\_\_\_\_ months

**LEQVIO® (inclisiran)**

J Code: J1306

4. **Drug Order:**

- New Start** 3 (Three) Doses Authorized  
 Administer 284 mg subcutaneously initially, again at 3 months and then every 6 months
- Maintenance Regimen** \_\_\_\_\_ # Refills (Recommend 1 Refills)  
 Administer 284 mg subcutaneously every 6 months

**Adverse Drug Reaction Protocol:** Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing these services, I am authorizing Intramed Plus to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. **Physician Signature:** \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Dispense as written

Substitution permitted

Printed Physician's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

<b>FAX ALL INFORMATION</b> <b>CENTRAL FAX 803.999.1754</b> <b>ALTERNATE FAX 803.999.1887</b>	<b>LOCATIONS</b> <b>COLUMBIA CHARLESTON GREENVILLE</b> <b>CENTRAL INTAKE PHONE 803.999.1960</b>
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