

### PATIENT INFORMATION

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Sex: \_\_\_\_ Patient Weight: \_\_\_\_ kg Patient Height: \_\_\_\_ in Patient Email: \_\_\_\_\_

Patient Status:  New Patient  Continuing Therapy Last Infusion Date (if applicable): \_\_\_\_\_

### DIAGNOSIS DETAILS

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Pure hypercholesterolemia, unspecified (ICD-10: E78.00)

Familial hypercholesterolemia (ICD-10: E78.01)

Mixed hyperlipidemia (ICD-10: E78.2)

Hyperlipidemia, unspecified (ICD-10: E78.5)

ASCHD w/o angina pectoris (ICD-10: I25.10)

Other: \_\_\_\_\_ ICD-10 code: \_\_\_\_\_

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

### ORDER DETAILS FOR LEQVIO (INCLISIRAN)

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#### Leqvio (Inclisiran):

Initial Dose: 284mg/1.5ml via subcutaneous (SQ) injection at day 0, month 3 and then every 6 months.

Maintenance Dose: 284mg/1.5ml via subcutaneous (SQ) injection every 6 months.

*Instruction: Administer subcutaneously into the abdomen, upper arm, or thigh.*

#### Infusion Reaction Protocol:

[Pure Infusion Reaction Protocol](#)

Other Reaction Protocol (Please send protocol with order)

### ANCILLARY ORDERS

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Lab Orders: \_\_\_\_\_ Lab Frequency: \_\_\_\_\_

Additional Orders: \_\_\_\_\_

### PROVIDER INFORMATION

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Practice Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Contact Ph: \_\_\_\_\_ Email: \_\_\_\_\_

NPI #: \_\_\_\_\_ Office Ph: \_\_\_\_\_ Office Fax: \_\_\_\_\_

### PURE INFUSION SUITES PREFERRED LOCATION

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City: \_\_\_\_\_ State: \_\_\_\_\_

**PATIENT INFORMATION**

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**REQUIRED DOCUMENTATION FOR EXPEDITED ORDER PROCESSING & INSURANCE APPROVAL**

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- Include completed order, signed by provider (page 1)
- Include patient demographic and insurance information
- Include patient's medication list
- Supporting clinical notes (H&P) support primary diagnosis
  - Heterozygous familial hypercholesterolemia (HeFH) - Does the patient have a untreated LDL  $\geq$  190mg/dL ( $\geq$  155mg/dL if <16 years of age)?  Yes  No
  - Please mark any of the following criteria the HeFH patient meets:**
    - Presence of tendon xanthoma(s) in the patient or 1st/2nd degree relative
    - Family history of MI at <60 years old in 1st degree relative or <50 years old in 2nd degree relative
    - Family history of total cholesterol > than 290mg/dL in a 1st/2nd degree relative
    - Arcus cornealis before age 45
  - ASCVD - Does the patient's LDL remain  $\geq$  100mg/dL despite treatment with a high-intensity statin?  Yes  No
  - Has the patient tried and failed PCSK9 inhibitor after 12 weeks of use?  Yes  No
  - Has the patient tried and failed a high intensity statin for  $\geq$  8 continuous weeks?  Yes  No
  - Indicate any conditions the patient has:
    - Acute coronary syndrome  History of myocardial infarction  Stroke
    - Coronary or other arterial revascularization  Transient ischemic attack
    - Peripheral arterial disease presumed to be of atherosclerotic origin
- Include labs and/or test results to support diagnosis
  - LDL-C (required)
  - Mutation in LDL, apoB, or PCSK9 gene (if applicable)
- Other medical necessity: \_\_\_\_\_

*Pure Healthcare will provide all necessary documents to the patient's insurance company to confirm eligibility. Our patient-obsessed will inform you if further details are needed. Additionally, we'll discuss financial obligations with the patient and direct them to co-pay assistance options as required.*

**Please submit BOTH pages & ALL supporting documentation.  
Fax to 801.931.2631 or Email to [intake@purehealthcare.com](mailto:intake@purehealthcare.com)**