



Phone: 1-800-809-1265 Fax: 1-866-872-8920

MRN: \_\_\_\_\_

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

### Standard Plan of Treatment for Leqvio® (Inclisiran)

*NOTE: We may require a detailed Letter of Medical Necessity or clinical supporting documentation (depending on diagnosis), to be able to verify eligibility and payment for this treatment through Medicare and/or other insurance plans.*

1. Patient Name: \_\_\_\_\_ Height (in.): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

2. Allergies: \_\_\_\_\_

3. Diagnosis:

- E78.01: Familial Hypercholesterolemia       Z83.42: Family History of Familial Hypercholesterolemia
- I25.10 Atherosclerotic Heart Disease of native coronary artery without angina pectoris
- Other ICD-10 \_\_\_\_\_ Diagnosis description: \_\_\_\_\_

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4. Dose:

- Induction: Administer 284mg/1.5ml at day 0, month 3 and then every 6 months.
- Maintenance: Administer 284mg/1.5ml every 6 months

Special Orders: \_\_\_\_\_

***If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES***

5. Physician's Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
(Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: \_\_\_\_\_ NPI: \_\_\_\_\_

**6. Fax updated supporting clinical MD notes with each order renewal or change in orders**  
*Infusion order forms and Adverse Drug Reaction Guidelines are available at [www.palmettoinfusion.com](http://www.palmettoinfusion.com)*



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**Guidelines for Prescribing**  
(Required documentation with all initial referrals)

Patient Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

- Include signed and completed **Plan of Treatment**. (MD must complete sections 1-6)  
*(Infusion order forms & Standard Adverse Reactions orders are available at [www.palmettoinfusion.com](http://www.palmettoinfusion.com) under Agency/MD tab)*
- Include patient’s demographic information and insurance information. (Copy of insurance cards if available)
- Include patient’s current Statin therapy or documentation of intolerance.
- Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**
  - Leqvio® is Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low-density lipoprotein cholesterol (LDL-C).
- Other as requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pre-Screening:**

- Baseline Lipid Panel

**Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.**

**Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.**