

Referral Status:		MRN:	
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change	<input type="checkbox"/> Order Renewal	
Patient preferred clinic:			

## Leqvio® (inclisiran) Standard Plan of Treatment

### PATIENT DEMOGRAPHICS:

Date of Referral:		Patient's Phone:	
Patient Name:		Address:	
Date of Birth:		City, State, Zip:	
Height in inches:	Weight: LB or KG	Gender:	Allergies:
		<input type="checkbox"/> See list	<input type="checkbox"/> NDKA

### DIAGNOSIS: (PLEASE COMPLETE 2<sup>ND</sup> AND 3<sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)

E78.00 - Pure hypercholesterolemia	I25.110 - Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
E78.01 - Familial hypercholesterolemia	I25.111 - Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
E78.2 - Mixed hyperlipidemia	I25.118 - Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
E78.49 - Other hyperlipidemia, familial combined hyperlipidemia	I25.119 - Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
E78.5 - Hyperlipidemia, unspecified	I25.700 - Atherosclerosis or coronary artery bypass graft(s), unspecified, with unstable angina pectoris
E78.9 - Disorder of lipoprotein metabolism, unspecified	I25.701 - Atherosclerosis or coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.10 - Atherosclerotic heart disease of native coronary artery without angina pectoris	_____ - Other:

### REQUESTED DOCUMENTATION:

REQUESTED DOCUMENTATION:		PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?	
1	Insurance information	IF NO:	IF YES:
2	Most recent History & Physical	REQUIRED	LAST INJECTION DATE:
3	Full medication list	WASHOUT FROM	NEXT INJECTION DATE:
4	Tried and failed therapies	PREVIOUS	<b>IF ORDER CHANGE:</b>  <div>Continue current order until insurance approved</div>
5	Baseline Lipid Panel	THERAPY:	
6			

### MEDICATION ORDERS:

**NOTE:** 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).

### DOSE/FREQUENCY:

<input type="checkbox"/>	<b>Induction:</b> Administer Leqvio® 284mg/1.5ml via subcutaneous injection at day 0, month 3 and then every 6 months
<input type="checkbox"/>	<b>Maintenance:</b> Administer Leqvio® 284mg/1.5ml via subcutaneous injection every 6 months <i>Instruction: Administer subcutaneously into the abdomen, upper arm, or thigh.</i>

### SPECIAL ORDERS:

<input type="checkbox"/>	
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Refills x 12 months unless noted otherwise here:

### ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



### PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

### PRESCRIBER SIGNATURE: (No stamp signatures)

DATE

Dispense as written/Brand medically necessary	Substitution permitted	