Palmetto INFUSION®

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

Referral Status:		MRN:	
☐ New referral	☐ Order change	☐ Order Renewal	
Patient preferred clinic:			

Rev 4.29.25

Leqvio® (inclisiran) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Patient Name:							
Patient's Phone:		Address:					
Date of Birth:		City, State, Zip:					
Height in inches:	Weight: LB or KG	Gender:		Allergies:	☐ See list	☐ NKDA	

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD 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, unspecfified	☐	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:

1	Insurance information
2	Most recent History & Physical
3	Full medication list
4	Tried and failed therapies
5	Baseline Lipid Panel
6	

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

IF NO: REQUIRED WASHOUT FROM PREVIOUS THERAPY:

IF YES:

LAST INJECTION DATE:

NEXT INJECTION DATE:

IF ORDER CHANGE:

☐ **Continue current order until insurance approved**

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:

☐ **Induction**: Administer Leqvio® 284mg/1.5ml via subcutaneous injection at day 0, month 3 and then every 6 months

☐ **Maintenance**: Administer Leqvio® 284mg/1.5ml via subcutaneous injection every 6 months

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

SPECIAL ORDERS:

☐ _____

☑ Refills x 12 months unless noted otherwise here:

NURSING ORDERS:

☑ Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated.

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

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

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	