

Inclisiran (Leqvio)

Provider Order Form rev. 01/02/2024

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____ Patient Phone: _____
Patient Address: _____ Patient Email: _____
Allergies: _____ NKDA Weight (lbs/kg): _____ Height (in/cm): _____
Sex: M / F Date of Last Infusion: _____ Next Due Date: _____ Preferred Location: _____

PRIMARY DIAGNOSIS (Please provide ICD-10 code in space provided)

Mixed Hyperlipidemia: _____ Hyperlipidemia (unspecified): _____
Pure Hypercholesterolemia: _____ Other Hyperlipidemia: _____
Disorder of lipoprotein metabolism: _____ Familial Hypercholesterolemia: _____
Other hyperlipidemia: _____
Other: _____ Description: _____

SECONDARY DIAGNOSIS (Required)

Other: _____ Description: _____

THERAPY ADMINISTRATION & DOSING

- Administer Leqvio 284mg subcutaneous injection in upper arm, abdomen, or upper thigh.
- Monitor patient for post injection observation period of 15mins after first injection. If no reaction occurs, no further observation period is required.

FREQUENCY (Choose one)

- Induction: month 0, month 3, then every 6 months
- Maintenance: every 6 months

ADDITIONAL ORDERS

PRE-MEDICATION ORDERS

Other: _____

NURSING

- Hold infusion and notify provider for:
 - abnormal vital signs or chance of pregnancy
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: _____ Preferred Contact Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications with statins, Repatha or Praluent, and Zetia. Allergies, History of MI, CAD, stroke, TIA, or cardiac surgery.

Required Labs: LDL, and cholesterol levels

Provider Name (print)

Provider Signature

Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.