

## MEDICATION ORDERS- LEQVIO (Inclisiran)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
<input type="checkbox"/> New Referral <input type="checkbox"/> Dose or Frequency Change <input type="checkbox"/> Order Renewal

INFUSION OFFICE PREFERENCES (Optional)
Preferred Location*:

\*List of infusion center locations may be found at: <https://metroinfusioncenter.com/infusion-center-locations/>

Please note: Requests will be accommodated based on infusion center availability and are not guaranteed.

DIAGNOSIS AND ICD 10 CODE
<input type="checkbox"/> Heterozygous Familial Hypercholesterolemia      ICD Code: E78.01 <input type="checkbox"/> Other: _____      ICD Code: _____

CLINICAL INFORMATION	
Pt has been diagnosed with ASCVD and/or HeFH, is currently receiving maximally tolerated statin therapy (or has been determined clinically intolerant), and has not reached LDL-C target (<70mg/dL)	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED DOCUMENTATION	
<input type="checkbox"/> This signed order form by the provider <input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Clinical/Progress notes <input type="checkbox"/> Labs and Tests supporting diagnosis

MEDICATION ORDERS	
Initial Dosing	<input type="checkbox"/> Leqvio 284mg subcutaneously once, then Leqvio 284mg subcutaneous in 3 months
Maintenance Dosing	<input type="checkbox"/> Leqvio 284mg subcutaneous every 6 months
Other dosing	<input type="checkbox"/> Leqvio 284mg subcutaneous _____
Refills:	<input type="checkbox"/> X 6 months <input type="checkbox"/> X 1 year <input type="checkbox"/> _____ doses

PRESCRIBER INFORMATION		
Prescriber Name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date:

**All information contained in this order form is strictly confidential and will become part of the patient's medical record.**

**Send a referral via fax at 866-507-1164 or email to the [bionurses@metroinfusioncenter.com](mailto:bionurses@metroinfusioncenter.com)**