

CARDIOLOGY

- New Prescription/Referral
- Prescription Refill

Of Refills:

Rx:	<u>Patient Name:</u> _____	<u>Patient Weight:</u> _____	<u>DOB:</u> _____
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Diagnosis: ICD-10 Code: _____	<p>Leqvio (inclisiran)</p> <p>284mg SubQ at Day 0, Months 3, and every 6 months (initial start) x 1 year</p> <p>284mg subcutaneously every 6 months x 1 year</p> <p>Others: _____</p> <p>_____</p>
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Diagnosis: Iron Deficiency in heart failure ICD-10 Code: _____	<p>Injectafer (ferric carboxymaltose)</p> <p>1st dose: 750mg IV infusion in no more than 250ml of 0.9% NaCl over at least 15 mins</p> <p>2nd dose: 7 days after the 1st dose, 750mg IV infusion in no more than 250ml of 0.9% NaCl over at least 15 mins or slow IV push over 7.5 mins</p> <p>Others: _____</p> <p>Venofer (iron sucrose)</p> <p>200mg in 100ml NaCl over 15 mins x 5 doses via IV infusion over a 14-day period. Total = 1000mg.</p> <p>200mg IV push over 2 to 5 mins x 5 doses over a 14-day period. Total = 1000mg.</p> <p>Others: _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px; text-align: center;"> May substitute with any formulary-approved intravenous iron preparation per insurance coverage </div>
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Pre-Medication: Solumedrol 125mg IVP Solu-Cortef 100mg IVP Others: _____	Tylenol _____ mg PO 650 mg 975 mg	Benadryl _____ mg PO 25 mg IV 50 mg PO	ANA Kit Protocol: OK to use
Physician Signature _____	NPI #: _____	DATE: (Valid for 1 year) _____	

By affixing my signature, I confirm the medical necessity of the aforementioned therapy, products, and services, as well as my responsibility for the patient's care. I have obtained consent to disclose the mentioned details and any relevant medical or patient information concerning this treatment. I grant the pharmacy permission to contact the insurance company on my behalf to secure authorization for the patient.

PHYSICIAN INFORMATION				
Physician Name: _____			Clinic: _____	
Phone: _____	Fax: _____	Email: _____	Other: _____	

Office Mailing Address: _____

Please include the following	Patient demographics	Insurance attached	Diagnosis(supporting)	History & Physical
	Lab Results	Clinical progress notes	Medication list	Other Test Results

Cholesterol with LDL-C (Leqvio)

*If TB or Hep B results are positive - please provide documentation of treatment or medical clearance & a negative CXR (TB+)