# Leqvio® (Inclisiran)

Provider Order Form Updated 06/2022

Please fax completed referral form & all required documents to **(843) 212-8280**

LOWCOUNTRY INFECTIOUS DISEASES

## PATIENT DEMOGRAPHICS

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City/ST/Zip: _____

Allergies: _____ ☐ NKDA Weight: _____ ☐ lbs ☐ kg Height_____ ☐ in ☐ cm

**Patient Status:** ☐ New to Therapy ☐ Dose or Frequency Change ☐ Order Renewal

**INSURANCE INFORMATION:** ***Please attach copy of insurance card (front and back).***

## DIAGNOSIS*

***ICD 10 Code Required***

☐ Atherosclerotic heart disease (ASCVD), **ICD10: I25.10**

☐ Familial Hypercholesterolemia (HeFH), **ICD10: E78.01**

☐ Other: _____ ICD10: _____

## INFUSION ORDERS

| MEDICATION | DOSE | DIRECTIONS/DURATION |
|---|---|---|
| Leqvio®(Inclisiran) | 284 mg | **INITIAL:** ☐ First dose: Inject SubQ x 1 dose.<br>☐ Second dose at 3 months: Inject SubQ x 1 dose.<br>**MAINTENANCE:** ☐ Inject SubQ every 6 months x 1 year. |

**Is patient currently receiving therapy above from another facility?**

☐ NO ☐ YES

If yes, Facility Name:_____

Date of last treatment:_____ Date of next treatment:_____

### PRE-MEDICATION ORDERS

☐ No premeds ordered at this time

☐ Acetaminophen 650mg PO

☐ Diphenhydramine 25mg PO

☐ Other:_____

### LAB ORDERS

**Labs to be drawn by:** ☐ Infusion Center ☐ Referring Physician

☐ No labs ordered at this time

☐ LDL-C q _____ ☐ Lipid Panel q _____

☐ LFTs q _____ ☐ Other:_____

## REFERRING PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____

Physician Name: _____ Provider NPI:_____ Specialty:_____

Address: _____ City/ST/Zip: _____

Contact Person: _____ Phone #: _____ Fax #: _____

Email Where Follow Up Documentation Should Be Sent: _____

## REQUIRED CLINICAL DOCUMENTATION

**Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.**

☐ **See Attached Medical Records**

☐ Yes ☐ No Is the patient's LDL-C level elevated despite treatment with maximally tolerated statin therapy?

- Recent LDL-C level: _____ mg/dL; Date lab drawn: _____ ***(Attach copy of labwork)***

☐ Yes ☐ No Is the patient currently on maximally tolerated statin therapy -**OR**- Is patient not currently on statin therapy and has documented intolerance or contraindication to statin therapy?

☐ Current statin therapy; Drug name: _____ Dosage: _____ Start date or Length of Therapy: _____

☐ Check box if patient is on Zetia® (ezetimibe) in addition to statin therapy.

☐ Patient is statin intolerant (list failed statin therapies and reasons below)

☐ Patient has a contraindication for statin therapy, specify: _____

☐ Yes ☐ No Has the patient been compliant with lipid lowering drug therapy and lifestyle modifications?

For ASCVD:

History of clinical atherosclerotic cardiovascular disease includes one of more of the following: ***(Select all that apply)***

☐ Acute coronary syndrome ☐ Stable or unstable angina ☐ Transient ischemic attack (TIA)

☐ Coronary artery disease (CAD) ☐ Coronary or other arterial revascularization ☐ Peripheral arterial disease (PAD)

☐ History of myocardial infarction (MI) ☐ Stroke ☐ Other: _____

For HeFH:

HeFH confirmed by: ☐ Mutation in LDLR, ApoB, PCSK9, or ARH adaptor protein( LDLRAP1) gene ***(Attach copy of test results)***

☐ WHO/Dutch Lipid Clinic Network Score (DLCNS); Score: _____ ***(Attach copy of assessment)***

☐ Other: _____

### LAB RESULTS (required)

☐ LDL cholesterol blood level

### PRIOR FAILED THERAPIES (including statins and PCSK9 inhibitors)

Medication: _____ Dates of Treatment: _____ Reason for D/C: _____

Medication: _____ Dates of Treatment: _____ Reason for D/C: _____

Medication: _____ Dates of Treatment: _____ Reason for D/C: _____

Medication: _____ Dates of Treatment: _____ Reason for D/C: _____

**Lowcountry Infectious Diseases**
**Lowcountryid.com**

**1520 Old Trolley Rd., Ste. 101 · Summerville, SC 29485**
**P: 843-266-1311· F: 843-212-8280· E: c097@healix.net**

**1938 B Charlie Hall Blvd. · Charleston, SC 29414**
**P: 843-266-1312 · F: 843-212-8831 · c097b@healix.net**