

## Inclisiran (Leqvio) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

### Diagnosis (select one ICD-10 code):

☐ E78.01 Heterozygous familial hypercholesterolemia

☐ Secondary prevention of cardiovascular events

☐ Other ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

### Drug Orders:

• Inclisiran (Leqvio) 284mg/1.5mL prefilled syringe administered subcutaneously into the abdomen, upper arm, or thigh

Dose: ☐ 284mg as a single injection

### Frequency

Induction: Week 0 and 12 then every 6 months thereafter

Maintenance: Every 6 months

Other: \_\_\_\_\_

Order Duration:

1 year unless otherwise specified (Other: \_\_\_\_\_)

### Lab Orders:

☐ Lipid profile (fasting or non-fasting) to establish baseline

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance/Authorization Information:

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

**If your office is not on Epic,** please fax completed Treatment Plan with authorization information to McLeod Infusion Services at the preferred location or call with any questions.

Seacoast: 843-366-2830 (Fax)

843-390-8200 (Phone)