

McLeod Health

Inclisiran (Leqvio) Treatment Plan

Patient Name: _____ DOB: _____

Weight (kg): _____ Allergies: _____

Patient Primary Phone Number: _____

Diagnosis (select one ICD-10 code):

E78.01 Heterozygous familial hypercholesterolemia E78.4 Other hyperlipidemia (include secondary dx below)
 E78.5 Unspecified hyperlipidemia (include secondary dx below)
 Other/Secondary ICD 10 Code: _____ Diagnosis Description: _____

Drug Orders:

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

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:** _____

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received incisiran at another facility, please provide last date received: _____

Insurance Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

<input type="checkbox"/> McLeod Regional Medical Center (Florence)	<input type="checkbox"/> McLeod Health Loris	<input type="checkbox"/> McLeod Health Cheraw
<input type="checkbox"/> McLeod Health Seacoast (Little River)	<input type="checkbox"/> McLeod Health Dillon	<input type="checkbox"/> McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.