

# 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 inclisiran at another facility, please provide last date received: \_\_\_\_\_

**Insurance Information:**

Insurance Plan Name: \_\_\_\_\_

Insurance Identification Number: \_\_\_\_\_

Insurance Customer Service Contact Number: \_\_\_\_\_

**Preferred Treatment Location**

- ☐ McLeod Regional Medical Center (Florence)    ☐ McLeod Health Loris    ☐ McLeod Health Cheraw
- ☐ McLeod Health Seacoast (Little River)    ☐ McLeod Health Dillon    ☐ 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](mailto:medicationaccessteam@mcleodhealth.org).**