

PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: M / F Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs / kg  
Primary Language: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Patient Preferred Location: \_\_\_\_\_

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code

- I25.10 Atherosclerotic Heart Disease (ASCVD)
- E78.01 Familial Hypercholesterolemia (HeFH)
- Other: \_\_\_\_\_

Prescribing Information

If a dose is missed by <3 months from the usual day of administration, administer the dose as soon as possible and then resume the original schedule. If a dose is missed by >3 months, skip the missed dose and restart with a new dosing schedule as initial dose, then again at 3 months, and then every 6 months.

**REQUIRED:** Demographics & Most Recent: H&P, clinical notes supporting CVD, & medication list including documentation of current statin therapy or intolerance to use. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy. For HeFH include Dutch Lipid Clinic Network Criteria and/or Simon-Broome Diagnostic Criteria assessment.

**LAB RESULTS:** Baseline Lipid Panel; For HeFH include labs to confirm genetic mutation analysis

PRESCRIPTION

Leqvio (inclisiran)

Loading Dose:

- SubQ:** Inject 284 mg at week 0, at 3 months

Maintenance:

- SubQ:** Inject 284 mg every 6 months for one year

In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

**Post Treatment Observations:** The patient is observed for 30 minutes following loading dose, 15 minutes on subsequent doses.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ *Signature:* \_\_\_\_\_  
Date: \_\_\_\_\_ NPI #: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Supervising Physician: \_\_\_\_\_ (If Applicable)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_