Leqvio (Inclisiran)

Infusion Order Form – Page 1 of 1

Preferred Clinic Location

☐ **Harbor Health Park Bend Clinic**
2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758
P: (855) 481-8375
F: (512) 233-2288

Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

Provider Information

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Patient must be on and continue to be on statin therapy or patient must have an intolerance to statin
- Recent H&P
- Lipid profile labs
- All Leqvio orders require BOTH a primary and secondary ICD-10 code

All Leqvio orders require BOTH a primary and secondary ICD-10 code.

A Leqvio prescribing guide, including relevant ICD-10 codes, can be found at LEQVIO Billing & Coding Guide.pdf

1st ICD-10 code (required): ICD-10 description:

2nd ICD-10 code: (required): ICD-10 description:

NOTE: IVX cannot schedule a patient without this information, as all health plans require two diagnosis codes for prior authorization.

Orders

NURSING

☑ Nursing care per Harbor Health Nursing Procedures and Harbor Health Adverse Reaction Management Protocol.

☑ Verify pregnancy status if appropriate.

THERAPY

☑ **Inclisiran** (Leqvio)

- Dose: inclisiran sodium 284mg (pre-filled syringe)
- Route: subcutaneous injection (abdomen, upper arm, or thigh)
- Frequency: Choose one below
  - ☐ Initial dose, again at 3 months, then every 6 months
  - ☐ Maintenance every 6 months

Provider Name (Print): Provider Signature: Date:

Harbor Health