MEDICATION ORDERS

INCLISIRAN **(LEQVIO)**

PATIENT INFORMATION	
Patient Name:	DOB:
☐ NKDA Allergies:	
☐ New to Therapy ☐ Continuing Therapy - Last Treatment Date:	Next Due Date:

REFERRAL STATUS
☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

DIAGNOSIS AND ICD 10 CODE	
☐ Heterozygous Familial Hypercholesterolemia	ICD-10 Code: E78.01
☐ Mixed Hyperlipidemia	ICD-10 Code: E78.2
☐ Hyperlipidemia, unspecified	ICD-10 Code: E78.5
☐ Clinical atherosclerotic cardiovascular disease (ASCVD)	ICD-10 Code: I25.10
☐ Other:	ICD-10 Code:

REQUIRED DOCUMENTATION/TESTING	
☐ This signed order form by the provider ☐ Patient demographics AND insurance info	☐ Clinical/Progress notes supporting primary dx ☐ Verification/documentation that LDL-C has not reached the target of <70mg/dl
List Tried & Failed Therapies, including duration of treatment: 1) 2)	

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Initial Dosing	☐ Leqvio 284mg subcutaneously on day 1, then Leqvio 284mg subcutaneous in 3 months followed by maintenance in 6 months
Maintenance Dosing	☐ Leqvio 284mg subcutaneous every 6 months
Other Dosing	☐ Leqvio 284mg subcutaneous: _____
Refills: ☐ None ☐ x 6 months ☐ x 1 year ☐ Other:	
Treatment Labs: ✓ Pregnancy test within 72 hours prior to initiation of therapy for female patient under 55 years of age and no history of surgical hysterectomy ✓ CMP ✓ Lipid Panel	
• New orders and progress notes required at least once yearly. A medication substitution may be required based on insurance payer policy due to preferred versus non-preferred medications or based on payer step therapy guidelines. • Please note for patients receiving treatment at the Montgomery Cancer Center: if an infusion reaction occurs, the Montgomery Cancer Center provider will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing the medication. • Please note for patient receiving treatment at Baptist East Outpatient Infusion: if an infusion reaction occurs, the Baptist East staff will follow the PRN hypersensitivity standing orders and will contact the referring provider in the event of an emergency. For life threatening anaphylaxis, Baptist East staff will follow rapid response policy or 911 facility policy.	
Physician Signature: _____	Date: _____

Patient Name: _____ Patient Date of Birth: _____

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All order sets will include a statement to activate these PRN hypersensitivity standing orders when necessary.

REACTION SYMPTOMS		DRUG	DOSE	ROUTE
Fever, chills and or rigors	✓	Acetaminophen (Tylenol)	1000mg	PO
Itching, facial flushing, hives, rash	✓	Diphenhydramine (Benadryl)	50mg	IVP
	✓	Famotidine (Pepcid)	20mg	IVP
	✓	Methylprednisolone (Solu-Medrol)	125mg	IVP
Hypotension, wheezing, shortness of breath, facial/lip/tongue swelling	✓	Normal Saline	150ml/hr	IV
	✓	Diphenhydramine (Benadryl)	50mg	IVP
	✓	Methylprednisolone (Solu-Medrol)	125ng	IVP
	✓	Hydrocortisone (Solu-Cortef)	50mg	IVP
	✓	Epinephrine Pen	0.3mg	IM
Nausea/Vomiting	✓	Granisetron (Kytril)	1mg	IVP

PROVIDER INFORMATION			
Office Contact Name:			
Prescribing Providers Name:		Provider NPI:	
Office Address:	City:	State:	Zip:
Office Phone Number:	Office Fax Number:		
Physician Signature:	Date:		

For questions, please contact
Baptist Outpatient Infusion Services @ (334) 747-7401

Fax completed form and all documentation to
Baptist Outpatient Infusion Services @ (334) 747-7403