



MONTGOMERY
CANCER CENTER

A BAPTIST MEDICAL CENTER SOUTH FACILITY

MEDICATION ORDERS

INCLISIRAN (LEQVIO)

PATIENT INFORMATION

Patient Name:	DOB:
<input type="checkbox"/> NKDA Allergies:	
<input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy - Last Treatment Date:	Next Due Date:

REFERRAL STATUS

<input type="checkbox"/> New Referral <input type="checkbox"/> Dose or Frequency Change <input type="checkbox"/> Order Renewal
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INFUSION OFFICE PREFERENCE (Optional)

Preferred Location: <input type="checkbox"/> Montgomery <input type="checkbox"/> Prattville

DIAGNOSIS AND ICD 10 CODE

<input type="checkbox"/> Heterozygous Familial Hypercholesterolemia	ICD-10 Code: E78.01
<input type="checkbox"/> Mixed Hyperlipidemia	ICD-10 Code: E78.2
<input type="checkbox"/> Hyperlipidemia, unspecified	ICD-10 Code: E78.5
<input type="checkbox"/> Clinical atherosclerotic cardiovascular disease (ASCVD)	ICD-10 Code: I25.10
<input type="checkbox"/> Other:	ICD-10 Code:

REQUIRED DOCUMENTATION/TESTING

<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Clinical/Progress notes supporting primary dx
<input type="checkbox"/> Patient demographics AND insurance info	<input type="checkbox"/> Verification/documentation that LDL-C has not reached the target of <70mg/dl

List Tried & Failed Therapies, including duration of treatment:

1)

2)

MEDICATION ORDERS

Initial Dosing	<input type="checkbox"/> Leqvio 284mg subcutaneously on day 1, then Leqvio 284mg subcutaneous in 3 months followed by maintenance in 6 months from dose 1
Maintenance Dosing	<input type="checkbox"/> Leqvio 284mg subcutaneous every 6 months
Other Dosing	<input type="checkbox"/> Leqvio 284mg subcutaneous _____
Refills:	<input type="checkbox"/> None <input type="checkbox"/> x 6 months <input type="checkbox"/> x 1 year <input type="checkbox"/> Other:
<ul style="list-style-type: none"> 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: 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. 	

PROVIDER INFORMATION

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

Contact us with questions at: Montgomery (334) 273-7000 or Prattville (334) 351-1000

Fax completed form and all documentation to Montgomery (334) 260-2011 or Prattville (334) 358-1207

All information contained in this form is strictly confidential and will become part of the patient's medical record.