

Leqvio® (inclisiran) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

| | | |
|-------------------------|---------------------|----------------------|
| DOB: | Patient Name: | Patient Phone: |
| Patient Address: | | Patient Email: |
| NKDA Allergies: | Weight (lbs/kg): | Height: |
| ICD-10 code (required): | ICD-10 description: | Last Treatment Date: |
| | | Last 4 SSN: |

PROVIDER INFORMATION

| | | | |
|----------------------------|-----------------------------|--------|-----------|
| Referral Coordinator Name: | Referral Coordinator Email: | | |
| Ordering Provider: | Provider NPI: | | |
| Referring Practice Name: | Phone: | Fax: | |
| Practice Address: | City: | State: | Zip Code: |

NURSING

Infusion to be administered per VIVO protocols.

LEQVIO THERAPY ADMINISTRATION

LABORATORY ORDERS

CBC At each dose Every _____
CMP At each dose Every _____
CRP At each dose Every _____
OTHER

Initial /Reload Dosing: 284 mg subcutaneous Injection
*Frequency: initial dose, again at 3 months, then every 6 months

Maintenance Dosing: 284 mg subcutaneous Injection every 6 months

PREMEDICATIONS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV
- methylprednisolone (Solu-Medrol) 40mg / 125mg IV
- hydrocortisone (Solu-Cortef) 100mg IV
- Other: _____
Dose: _____ Route: _____
Frequency: _____

REQUIRED DOCUMENTATION

- Patient Demographics
- Insurance Card/Information
- Progress Notes Supporting DX
- Current Medication List and H&P
- Cholesterol with LDL

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

Provider Name (Print) Provider Signature Date

| | | | |
|------------------------|--------------------------|-----------------------------|---|
| Fax Numbers | Nevada: 702-489-5744 | Massachusetts: 203-724-4838 | Have a Question? (720) 902-4111 Email Referrals To: referrals@vivoinfusion.com |
| Colorado: 303-418-4679 | New Jersey: 609-955-3711 | Pennsylvania: 215-399-9244 | |
| Florida: 904-930-4211 | Ohio: 216-400-0674 | New York: 203-724-4838 | |
| Texas: 469-340-0044 | Oklahoma: 918-770-4421 | Connecticut: 203-724-4838 | |