Wells Infusion Centers

LEQVIO ORDER FORM

PLEASE EMAIL COMPLETED FORM AND SUPPORTING DOCUMENTATION TO REFERRALS@WELLSINFUSION.COM. YOU CAN ALSO FAX IT TO 1-570-9INFUSE (1-570-946-3873)

Patient's Name (Last, First, Middle) ____________________________ DOB _______________________

Patient's height in feet and inches _____________________ *Patient's weight in pounds*___________________________

■ Diagnosis

*A diagnosis from **each** of the two columns is required, both a primary **and** secondary diagnosis.*

☐ E78.00 Pure hypercholesterolemia, unspecified
☐ E78.01 Familial hypercholesterolemia
☐ E78.2 Mixed hyperlipidemia
☐ E78.41 Elevated lipoprotein(s)
☐ E78.49 Other hyperlipidemia, familial combined
☐ E78.5 Hyperlipdemia, unspecified

☐ I25.10 ASCVD nativa CA w/o angina pectoris
☐ I25.110 ASCVD nativa CA w/angina pectoris
☐ I25.110 ASCVD native CA w/angina w/spasm
☐ I23.7 Postinfarction angina
☐ I25.84 Coronary athero. due to lipid rich plaque
☐ ______ ________________________

■ Details Needed for Approval

Please answer all questions and provide supporting documentation.

- What approved condition (above) is this medication being used to treat? ASCVD HeFH Other: ___________________
- Check all of the following which apply to the patient:
  For Dx ASCVD: Prior MI Hx of acute coronary syndrome Angina Hx of stroke or TIA Atherosclerotic PAD CABG Stent Angioplasty Percutaneous coronary intervention ≥50% stenosis on CT or angiography
  For Dx HeFH: Tendon xanthoma (self or primary relative) Fam Hx of total cholesterol ≥190 Fam Hx MI 1st degree relative ≤ 60y/o Fam Hx MI 2nd degree relative ≤ 50y/o CAC score ≥100 Dutch Lipid Score greater than 5
- Was patient's LDL equal to or greater than 190 mg/dL prior to antihyperlipidemic agents? ______
- Was patient on max statin at least 3 mo? ______ Will they continue on them concurrently? ______ When was it started? ___/___/___
- Was the patient on Ezetimbe for at least 3 months? ______ Did they fail on it? ______ Are there Ezetimbe contraindications? ______
- Was the patient on an PCSK9 inhibitor for at least 3 months? ______ If yes, which one? __________________
  Did they fail on a PCSK9 inhibitor? ______ Are there any PCSK9 inhibitor contraindications? ______
- Does patient have statin intolerance? ______ Is statin therapy contraindicated? ______ Specify intolerance: ______________________
- If the diagnosis is HeFH, include genetic testing and criteria scores (ie. Dutch Lipid, Simon Broome, etc).
- Will the patient be on a diet while using Leqvio? ______ Will they be taking a PCSK9 inhibitor concurrently while using Leqvio? ______
- Recent comprehensive lipid panel, documentation of patient's statin history or history of intolerance, and all supporting documents.

■ Medication Order

☐ Initial phase of Leqvio (inclisiran) 284mg SubQ injection at months 0 and 3. (If maintenance also ordered, 1st dose is 6 months after initial phase.)
☐ Maintenance phase of 284mg SubbQ injection every 6 months for 1 year.
Choose an injection site per the manufacturer's instructions, inject the full amount in the syringe, and discard in a sharps box.

■ Rescue Management in Case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

■ Ordering Provider Authorization

Provider Signature: _______________________________ Name: _____________________ Date: ______________________

Address: ____

Phone: ___________________ Fax: ___________________ Indiv. NPI #: ______________ License: ___________________

Best Contact Person in Office: ______________________________ Direct Phone to Contact Person: _________________________

Documentation to Include:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.