# LEQVIO® (inclisiran)
# Referral/Order Form

GAMMA THERAPEUTIC CENTER
Center for Neurological Disorders

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www.gtinfusions.com

| Patient Information | |
|---|---|
| Patient Name: | Patient DOB: |

**Referral Status**

☐ New Order ☐ Continuation ☐ Order Change ☐ D/C Infusions ☐ Restart

**Diagnosis and ICD 10 Code**

| | |
|---|---|
| ☐ Heterozygous Familial Hypercholesterolemia (HeFH) | ICD 10 Code: E78.01 |
| ☐ Other Diagnosis: | ICD 10 Code: |
| ☐ Other Diagnosis: | ICD 10 Code: |

Has patient been diagnosed with ASCVD and/or HeFH, is currently receiving maximally tolerated statin therapy (or has been determined clinically intolerant), and has not reached LDL-C target (<70 mg/dL)? ☐ **Yes** ☐ **No**

**Supporting Documentation**

| | |
|---|---|
| ☐ Patient demographics | ☐ Clinical/Progress notes supporting primary diagnosis |
| ☐ Copy of patient insurance card(s) – front & back | ☐ Labs and tests supporting diagnosis code |
| ☐ Tried and Failed therapies | ☐ Current Medication List |

**Medication Orders**

☐ Initial Dosing: Leqvio® (inclisiran) 284mg subQ injection at 0 and 3 months

☐ Maintenance Dosing: Leqvio® (inclisiran) 284mg subQ injection every 6 months

**Notes (Additional Info)**

**Premedication, adverse and anaphylactic reactions and post injection will be treated per Gamma Therapeutic Center protocol.**

**Prescriber Information**

| | | |
|---|---|---|
| Prescriber Name: | | NPI #: |
| Office Contact: | Office Phone: | Office Fax: |
| Prescriber Signature: | | Date: (Order is valid for one year) |

My signature for this prescription also confirms that the treatment(s) indicated on this referral is/are medically necessary. I authorize Gamma Therapeutic Center and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process and to provide infusion-related nursing services and supplies in conjunction with the therapy prescribed above.

**Notify patient we will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.**