

### LEQVIO (inclisiran) ORDER FORM

#### REFERRAL TYPE

- New Referral     
  Order Renewal     
  Restart     
  Frequency Change     
  Dosage Change

#### PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West   Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road   Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue   Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive   Suite 323 Olney, MD 20832	<input type="checkbox"/> 161 Thomas Johnson Drive   Suite 250 Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW   Suite 300 Washington, DC 20006
	<input type="checkbox"/> 8270 Willow Oaks Corporate Drive   Suite 150 Fairfax, VA 22031	

#### PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight:                      KG                      LBS	Phone:

#### REFERRING PHYSICIAN INFORMATION

Name:	NPI:
Office Contact Name:	Phone:                      Fax:
Address:	

#### LEQVIO ORDER

***WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE and FREQUENCY***

#### Dosing/Frequency:

- Initial Dose: 284mg/1.5mL -- week 0, 90days     
  Maintenance Dose: 284mg/1.5mL -- every 6months  
 Other Dose:

#### Diagnosis:

- |  |   |
|--|---|
| <input type="checkbox"/> E78.01 —Familial hypercholesterolemia   | <input type="checkbox"/> I25.10 —Atherosclerotic heart disease of native coronary artery without angina pectoris  |
| <input type="checkbox"/> E78.2—Mixed hyperlipidemia  | <input type="checkbox"/> I25.110 —Atherosclerotic heart disease of native coronary artery without angina pectoris |
| <input type="checkbox"/> 120.8 —Other forms of Angina pectoris   | <input type="checkbox"/> 120.8 —Acute coronary thrombosis not resulting in myocardial infarction                  |
| <input type="checkbox"/> I67.82— Cerebral ischemia   | <input type="checkbox"/> I67.89— Other cerebrovascular disease  |
| <input type="checkbox"/> I21.09 —ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall |   |
| <input type="checkbox"/> I21.02 —ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall |   |

<input type="checkbox"/> Other Diagnosis:	ICD-10 Code (Required):
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Special Instructions:

Physicians Signature:	Date: <i>(Order is Valid for One Year)</i>
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#### REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the diagnosis and treatment ordered.)
- Copy of the patient's insurance card(s) – front and back
- Most recent labs that include values for CMP & CBC
- Medication History
- For continuation of treatment, include the last infusion note

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