

Leqvio® (inclisiran) Referral Form



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PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

Form fields for Patient Information: 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

Form fields for 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 BioHealth protocols.

LEQVIO THERAPY ADMINISTRATION

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

LABORATORY ORDERS

Form fields for Laboratory Orders: CBC, CMP, CRP, OTHER, At each dose, Every.

PREMEDICATIONS

Form fields for Premedications: checkboxes for acetaminophen, cetirizine, loratadine, diphenhydramine, methylprednisolone, hydrocortisone, and other medication details.

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

Have a Question? (786)460-6044
Fax Referral Form To: (786)219-3917
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