

## LEQVIO (inclisiran) Injection Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ M ☐ F

☐ NKDA Allergies: \_\_\_\_\_

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

### Primary Diagnosis:

- ☐ E78.00 Pure hypercholesterolemia, unspecified ☐ E78.5 Hyperlipidemia, unspecified  
☐ E78.01 Familial hypercholesterolemia ☐ E78.9 Disorder of lipoprotein metabolism, unspecified  
☐ E78.2 Mixed hypercholesterolemia ☐ Other: \_\_\_\_\_  
☐ E78.49 Other hyperlipidemia, familial combined hyperlipidemia

### AND

### Secondary Diagnosis:

☐ \_\_\_\_\_

A secondary code is often required by payors, please refer to [LEQVIO-access.com](http://LEQVIO-access.com) for billing and coding guidelines.

### Required Documents:

- ☒ Patient Demographic Sheet  
☒ Clinical/Progress Notes supporting diagnosis  
☒ Recent comprehensive lipid panel (last 90 days)  
☒ Statin intolerance and/or statin or other lipid lowering treatment history  
☒ Counseling on importance of lifestyle modifications including diet & exercise

### LEQVIO ORDERS:

Dosing: ☒ 284mg prefilled syringe, SQ

Frequency: ☐ Induction: Initial dose, again at 3 months, then every 6 months

☐ Maintenance: Every 6 months

Refills: \_\_\_\_\_ (if not indicated, Rx will expire one year from date signed)

### Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. \*Copy can be provided per request.

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_