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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
- E78.010 Homozygous familial hypercholesterolemia [HoFH]
- E78.011 Heterozygous familial hypercholesterolemia [HoFH]
- E78.019 Familial Hypercholesterolemia, Unspecified
- E78.2 Mixed hypercholesterolemia
- E78.49 Other hyperlipidemia, familial combined hyperlipidemia

- E78.5 Hyperlipidemia, unspecified
- E78.9 Disorder of lipoprotein metabolism, unspecified
- Other: _____

AND Secondary Diagnosis:

- _____

A secondary code is often required by payors, please refer to 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: