

## 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:

- |                                                                                        |                                                                                |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> E78.00 Pure hypercholesterolemia, unspecified                 | <input type="checkbox"/> E78.5 Hyperlipidemia, unspecified                     |
| <input type="checkbox"/> E78.010 Homozygous familial hypercholesterolemia [HoFH]       | <input type="checkbox"/> E78.9 Disorder of lipoprotein metabolism, unspecified |
| <input type="checkbox"/> E78.011 Heterozygous familial hypercholesterolemia [HoFH]     | <input type="checkbox"/> Other: _____                                          |
| <input type="checkbox"/> E78.019 Familial Hypercholesterolemia, Unspecified            |                                                                                |
| <input type="checkbox"/> E78.2 Mixed hypercholesterolemia                              |                                                                                |
| <input type="checkbox"/> 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: \_\_\_\_\_