LEQVIO® Referral/Order Form

LEQVIO (inclisiran) injection 284 mg/1.5 mL

If the preferred treatment center does not have its own required referral/order form, you may use this form when referring your LEQVIO patient to help support the order. This form is meant to capture the most common information typically needed by a treatment center. **NOTE: You should check with the treatment center directly to confirm the process for referral and information required before completing this document.**

INDICATION

LEQVIO injection is indicated as an adjunct to diet and statin therapy for the treatment of adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH), to reduce low-density lipoprotein cholesterol (LDL-C).

Preferred treatment center name: _____ Phone: _____ Fax: _____

PATIENT INFORMATION (please attach patient demographic form if available)

Name: _____ DOB: ____ /____ /_____ Address: _____

City: _____ State: ____ ZIP Code: _____ Phone: _____ Email: _____

☐ No known drug allergies Allergies: _____

INSURANCE INFORMATION

REQUIRED-Front and back copies of all patient insurance cards: primary, secondary (if applicable), and prescription (if applicable).

Select all that apply: ☐ **Primary** ☐ **Secondary** ☐ **Prescription/Pharmacy**

PROVIDER INFORMATION

Referring Provider Name: _____ NPI #: _____

Practice Name: _____ Office Contact Name: _____

Address: _____ City: _____ State: ____ ZIP Code: _____

Phone: _____ Fax: _____ Email: _____

CLINICAL INFORMATION

1. Primary diagnosis section (must select one; complete ICD-10-CM to highest level of specificity) - REQUIRED

I confirm the patient has been currently receiving statin therapy (or has been determined clinically intolerant) and has been diagnosed with:

☐ **E78.____ Hyperlipidemia** (E78.00, E78.2, E78.4, E78.49, E78.5)

OR ☐ **E78.01 Familial hypercholesterolemia (eg, HeFH)**

- ☐ Z83.42 Family history of familial hypercholesterolemia
- ☐ E75.5 Other lipid storage disorders (approximate synonyms include tendon xanthoma)
- ☐ Other (specify ICD-10-CM): _____

(supporting documents include Simon Broome diagnostic, Dutch Lipid Clinic score, and/or genetic testing)

OR ☐ **Other (specify ICD-10-CM):** _____

2. Secondary diagnosis(es) (please complete if Hyperlipidemia above is selected; complete ICD-10-CM to highest level of specificity) - RECOMMENDED

☐ **Clinical ASCVD:**

- ☐ I2___.____ Ischemic heart disease
- ☐ I6___.____ Cerebrovascular disease
- ☐ I70.____ Atherosclerosis
- ☐ I73.____ Other peripheral vascular disease
- ☐ Other (specify ICD-10-CM): _____

AND/OR ☐ **Other clinical risk factors:**

- ☐ E11.___ Diabetes mellitus
- ☐ I10.___ Hypertension
- ☐ Other (specify ICD-10-CM): _____

3. LDL-C level:

Current level: _____ Date taken: _____ (MM/DD/YYYY) Current LDL-C lowering treatment(s): _____

☐ Patient was previously enrolled in an inclisiran clinical trial. Last inclisiran injection date: _____

Patient status and treatment history

Include patient chart notes to support documentation payers may require, such as:

- Clinical documentation for specified ICD-10-CM diagnosis codes
- Recent comprehensive lipid panel/LDL-C values (in the last 90 days)
- Statin history and/or additional lipid-lowering treatment
- Statin intolerance (if applicable)
- Counseling on the importance of lifestyle modifications including diet and exercise

LEQVIO ORDER (select all that apply) - Order valid for 1 year from provider signature date

Initial dose → ☐ LEQVIO (inclisiran) 284 mg/1.5 mL subcutaneous initially, then LEQVIO (inclisiran) 284 mg/1.5 mL subcutaneous in 3 months

Maintenance dose → ☐ LEQVIO (inclisiran) 284 mg/1.5 mL subcutaneous every 6 months

Other → ☐ LEQVIO (inclisiran) 284 mg/1.5 mL subcutaneous _____

Previous LEQVIO dose given on: ____ /____ /_____

PROVIDER SIGNATURE: _____ Date: ____ /____ /_____

IMPORTANT SAFETY INFORMATION

Adverse reactions in clinical trials (≥3% of patients treated with LEQVIO and more frequently than placebo) were injection site reaction, arthralgia, and bronchitis.

Please click here for LEQVIO full Prescribing Information.

LEQVIO®
(inclisiran) injection 284 mg/1.5 mL

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NOVARTIS

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