

LEQVIO® Referral/Order Form

Fax Form to: 330-294-2082



INDICATION

LEQVIO (inclisiran) injection is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with clinical atherosclerotic cardiovascular disease (ASCVD) or heterozygous familial hypercholesterolemia (HeFH) who require additional lowering of low-density lipoprotein cholesterol (LDL-C). **Limitations of Use:** The effect of LEQVIO on cardiovascular morbidity and mortality has not been determined.

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**

The patient requires additional LDL-C lowering, is currently receiving maximally tolerated statin therapy (or has been determined clinically intolerant), and has been diagnosed with **(must select at least one)**:

☐ Clinical ASCVD

AND/OR ☐ HeFH (E78.01)

AND/OR ☐ Other:

1. If ASCVD + Hyperlipidemia, select and complete appropriate diagnosis codes:

ASCVD

- ☐ I2. ____ Ischemic heart disease
☐ I6. ____ Cerebrovascular disease
☐ I70. ____ Atherosclerosis
☐ I73. ____ Other peripheral vascular disease
☐ Other: _____

AND

Hyperlipidemia

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

2. If HeFH, select any additional diagnosis codes as appropriate:

- ☐ Z83.42 Family history of familial hypercholesterolemia
☐ Other: _____

3. _____

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, urinary tract infection, diarrhea, bronchitis, pain in extremity and dyspnea.

LEQVIO® Clinical Documentation Referral Checklist



This checklist is meant to capture the most common information typically needed by a treatment center. Use this checklist to help complete the LEQVIO Referral/Order Form and to ensure necessary clinical information in support of the referral is attached. **NOTE: You should check with the treatment center directly to confirm the process for referral and information required.**

Patient Name: _____ Date of Service: _____

Low-density lipoprotein cholesterol (LDL-C) status ☐ Patient requires additional lowering of LDL-C ☐ Other

Patient has a history of clinical atherosclerotic cardiovascular disease (ASCVD)—select all that apply	AND/OR	Patient has a history of heterozygous familial hypercholesterolemia (HeFH)—select all that apply	AND/OR	Other relevant patient history
<input type="checkbox"/> Angina, stable or unstable		<input type="checkbox"/> Dutch Lipid/WHO Score >8		<input type="checkbox"/> _____
<input type="checkbox"/> Coronary syndrome, acute		<input type="checkbox"/> Pretreatment LDL-C ≥190 mg/dL		_____
<input type="checkbox"/> Myocardial infarction, history of		<input type="checkbox"/> First or second degree relative with pretreatment LDL-C ≥190 mg/dL		_____
<input type="checkbox"/> Revascularization, coronary or other arterial (coronary artery bypass grafting, percutaneous transluminal coronary angioplasty, etc)		<input type="checkbox"/> Simon Broome diagnostic criteria met		_____
<input type="checkbox"/> Peripheral arterial disease		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Positive findings in computerized tomography angio or cath				
<input type="checkbox"/> Stroke				
<input type="checkbox"/> Transient ischemic attack				
<input type="checkbox"/> Other: _____				

ICD-10-CM diagnosis codes ☐ Primary ICD-10-CM code ☐ Secondary ICD-10-CM code(s)

Lab values ☐ Relevant tests and recent lab values including LDL-C levels >70 mg/dL

Current and previous lipid-lowering therapy—select all that apply

☐ Atorvastatin (LIPITOR®) ☐ 10 ☐ 20 ☐ 40 ☐ 80 ----- Dates/length of use: _____

☐ Pravastatin (PRAVACHOL®) ☐ 10 ☐ 20 ☐ 40 ☐ 80 ----- Dates/length of use: _____

☐ Simvastatin (ZOCOR®) ☐ 5 ☐ 10 ☐ 20 ☐ 40 ☐ 80 ----- Dates/length of use: _____

☐ Rosuvastatin (CRESTOR®) ☐ 5 ☐ 10 ☐ 20 ☐ 40 ----- Dates/length of use: _____

☐ Ezetimibe (ZETIA®) ☐ 10 ----- Dates/length of use: _____

☐ Other: _____ Dates/length of use: _____

☐ Patient had inadequate response to maximally tolerated lipid-lowering therapy

Medical history for statin therapy—select all that apply

☐ Patient experienced myalgia/myositis that resolved when removed from therapy

☐ Patient has undergone re-challenge with lower dose statin with symptom reappearance

☐ Patient has known contraindications to statins

☐ Patient has creatine phosphokinase elevations >10x upper normal limit

☐ Other: _____

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Please see accompanying LEQVIO full Prescribing Information.

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