

Leqvio (Inclisiran) Injection Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis Heterozygous Familial Hypercholesterolemia ICD-10 Code: E78.01 New Therapy Order
 Mixed hyperlipidemia ICD-10 Code: E78.2 Continuation of Therapy
 Hyperlipidemia, unspecified ICD-10 Code: E78.5 Date of last dose: _____
 Clinical atherosclerotic cardiovascular disease (ASCVD) ICD-10 Code: I25.10
 Other: _____

NKDA Allergies

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by IVP
- Solu-Cortef _____mg by IVP
- Other: _____

Patient height and weight:

Patient Height (cm): _____

Patient Weight (kg): _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Most recent progress Notes/Labs supporting diagnosis
- Original Progress Note/Labs that indicate the diagnosis
- Verification/documentation that LDL-C has not reached the target of <70mg/dl
- Lipid panel
- History of tried and failed therapies, including duration
- Current medication list
- Other: _____

Leqvio Medication Order (Please select ONE):

- Induction dosing on months 0 and 3, followed by maintenance
 - Dosing
 - 284 mg subcutaneous injection
 - Maintenance Frequency
 - Every 6 months
- Maintenance dosing every 6 months only
 - Dosing
 - 284 mg subcutaneous injection

Additional Instructions/Notes:

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400