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Leqvio (Inclisiran) Injection Order

Patient Name: DOB: □ Male □ Female

Diagnosis □ Heterozygous Familial Hypercholesterolemia ICD-10 Code: E78.01M □ 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

□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141

□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400