

LEQVIO MEDICATION ORDER

Patient's Name (Last, First, Middle) _____

DOB: _____

■ Diagnoses

- ☐ E78.00 Pure hypercholesterolemia, unspec.
- ☐ E78.01 Familial hypercholesterolemia
- ☐ E78.2 Mixed hyperlipidemia
- ☐ E78.41 Elevated Lipoprotein(a)
- ☐ E78.49 Other hyperlipidemia, familial combined
- ☐ E78.5 Hyperlipidemia, unspec.
- ☐ E78.9 Disorder of lipoprotein metabolism, unspec.

AND ONE OF →

- ☐ I25.10 ASCVD native CA w/o angina pectoris
- ☐ I25.110 ASCVD native CA w/ angina pectoris
- ☐ I25.111 ASCVD native CA w/ angina w/ spasm
- ☐ I23.7 Postinfarction angina
- ☐ I25.84 Coronary atherosclerosis due to lipid rich plaque
- ☐ I21.02 STEMI involving LAD
- ☐ _____

Important: An approved secondary diagnosis code is required. The above list is just a sample. Approved secondary diagnoses are in the categories of ASCVD, ischemic heart disease, MI, cardiac implants and grafts, occlusions and stenosis, CVD, cerebral infarction, TIA, atherosclerosis, embolism and thrombosis, and others. Details are in the Leqvio billing and coding guide.

■ Details Needed for Authorization *This is a recently-released medication. Authorization guidelines are evolving and subject to change.*

- Recent comprehensive lipid panel.
- Documentation of patient's statin history or history of intolerance.
- Chart notes with supporting documentation.
- Patient's height in feet/inches: _____
- Patient's weight in pounds: _____

■ Leqvio (inclisiran) Medication Order

- ☐ Initial phase of 284mg / 1.5ml SubQ injection at months 0 and 3. (If maintenance also ordered, first dose is 6 months after initial phase.)
- ☐ Maintenance phase of 284mg / 1.5ml SubQ injection every 6 months for 1 year.

Choose an injection site per the manufacturer's instructions, inject the full amount in the syringe, and discard in a sharps box.

■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.
- Call ordering provider to report reaction.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.