

LEQVIO® Referral/Order Form



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 (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

Primary ICD-10-CM Diagnosis Code

- E78.00 Pure hypercholesterolemia, unspecified
- E78.01 Familial hypercholesterolemia
- E78.2 Mixed hyperlipidemia
- E78.49 Other hyperlipidemia, familial combined hyperlipidemia
- E78.5 Hyperlipidemia, unspecified
- E78.9 Disorder of lipoprotein metabolism, unspecified
- Other: _____

Secondary ICD-10-CM Diagnosis Code

Secondary Code: _____

AND →

A secondary diagnosis code is often required by payers.
A list of ICD-10-CM codes can be found in the [LEQVIO Billing and Coding Guide](#).

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.

Please click [here](#) for LEQVIO full Prescribing Information.

IMPORTANT SAFETY INFORMATION (Continued)

Adverse reactions led to discontinuation in 2.5% and 1.9% of LEQVIO- and placebo-treated patients, respectively. Discontinuation due to injection site reactions, which included injection site pain, erythema and rash, were 0.2% and 0% of LEQVIO- and placebo-treated patients, respectively.

Please click [here](#) for LEQVIO full Prescribing Information.

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