

# Leqvio® (Inclisiran) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.  
**Fax completed form, insurance information and clinical documentation to 414-260-7368.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Height: \_\_\_\_\_ inches  cm Weight: \_\_\_\_\_ lbs  kg

## Clinical Information

### 1. Primary Diagnosis Section (must select one; complete ICD-10-CM to highest level of specificity) - REQUIRED

I confirm the patient has been currently receiving statin therapy (or had been determined clinically intolerant) and has been diagnosed with:

E78. \_\_\_\_\_ OR  E78.01 Familial hypercholesterolemia (eg, HeFH) OR  Other (specify IDC-10-CM): \_\_\_\_\_

**Hyperlipidemia**  
(E78.00, E78.2, E78.4,  
E78.49, E78.5)



Z83.42 Family history of familial hypercholesterolemia  
 E75.5 Other lipid storage disorders (approximate synonyms include tendon xanthoma)  
 Other (specify ICD-10 CM): \_\_\_\_\_  
(supporting documents include Simon Broome diagnostic, Dutch Lipid Clinic score and/or genetic testing)

### 2. Secondary Diagnosis(es) (please complete if Hyperlipidemia above is selected; complete ICD-10CM to highest level of specificity) - RECOMMENDED

Clinical ASCVD:  12. \_\_\_\_\_ Ischemic heart disease  170. \_\_\_\_\_ Atherosclerosis  Other (specify ICD-10-CM): \_\_\_\_\_ AND/OR  Other clinical risk factors:  E11. \_\_\_\_\_ Diabetes mellitus  Other (specify ICD-10-CM): \_\_\_\_\_  
 16. \_\_\_\_\_ Cerebrovascular disease  173. \_\_\_\_\_ Other peripheral vascular disease  I10. \_\_\_\_\_ Hypertension

### 3. LDL-C Level:

Current level: \_\_\_\_\_ Date taken: \_\_\_\_\_ (MM/DD/YYYY) Current LDL-C lowering treatment(s) \_\_\_\_\_

Patient was previously enrolled in an inclisiran clinical trial. Last inclisiran injection date: \_\_\_\_\_

#### 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 one year from provider signature date

Initial dose →  LEQVIO (inclisiran) 284 mg/1.5 mL subcutaneous initially, then LEQVIO (inclisiran) 284mg/1/5mL subcutaneous in three months

Maintenance Dose →  LEQVIO (inclisiran) 284 mg/1.5 mL subcutaneous every six months

Other →  LEQVIO (inclisiran) 284 mg/1.5 mL subcutaneous Previous LEQVIO dose given on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Ancillary Orders

### Anaphylaxis Kit

Treat per Froedtert Home and Specialty Infusion protocol.

### Lab Orders

No lab orders ordered at this time  Other: \_\_\_\_\_

**Skilled nurse to assess and administer as indicated above. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1 year. I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.**

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ NPI \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Office Contact \_\_\_\_\_



Original - Medical Records

**Froedtert Home and Specialty Infusion**  
N86 W12999 Nightingale Way  
Menomonee Falls, WI 53051  
**262-532-5040**