

## LEQVIO MEDICATION ORDER

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_

### Diagnoses

- |   |                       |   |
|---|-----------------------|---|
| <input type="checkbox"/> E78.00 Pure hypercholesterolemia, unspec.      |                       | <input type="checkbox"/> I25.10 ASCVD native CA w/o angina pectoris               |
| <input type="checkbox"/> E78.01 Familial hypercholesterolemia           | <b>AND A VALID</b>    | <input type="checkbox"/> I25.110 ASCVD native CA w/ angina pectoris               |
| <input type="checkbox"/> E78.2 Mixed hyperlipidemia                     | <b>SECONDARY →</b>    | <input type="checkbox"/> I25.111 ASCVD native CA w/ angina w/ spasm               |
| <input type="checkbox"/> E78.41 Elevated Lipoprotein(a)                 | <b>DX IS REQUIRED</b> | <input type="checkbox"/> I23.7 Postinfarction angina                              |
| <input type="checkbox"/> E78.49 Other hyperlipidemia, familial combined |                       | <input type="checkbox"/> I25.84 Coronary atherosclerosis due to lipid rich plaque |
| <input type="checkbox"/> E78.5 Hyperlipidemia, unspec.                  |                       | <input type="checkbox"/> _____  |

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

- What approved condition (above) is this medication being used to treat?  ASCVD  HeFH  Other: \_\_\_\_\_
- Circle all of the following which apply to the patient: Prior MI Hx of acute coronary syndrome Angina Hx of stroke or TIA  
Atherosclerotic PAD CABG Stent Angioplasty Percutaneous coronary intervention ≥50% stenosis on CT or angiography  
Tendon xanthoma (self or primary relative) Fam Hx of total cholesterol ≥290 Fam Hx MI ≤ 60y/o CAC score ≥100
- Was patient's LDL equal to or greater than 190 mg/dL prior to antihyperlipidemic agents? \_\_\_\_\_
- Was the patient on max statin at least 3 mo? \_\_\_\_\_ Will they continue on them concurrently? \_\_\_\_\_ When was it started? \_\_\_/\_\_\_/\_\_\_
- Was the patient on Ezetimibe for at least 3 months? \_\_\_\_\_ Did they fail on it? \_\_\_\_\_ Are there any Ezetimibe contraindications? \_\_\_\_\_
- Was the patient on an PCSK9 inhibitor for at least 3 months? \_\_\_\_\_ If yes, which one? \_\_\_\_\_  
Did they fail on a PCSK9 inhibitor? \_\_\_\_\_ Are there any PCSK9 inhibitor contraindications? \_\_\_\_\_
- Does the patient have statin intolerance? \_\_\_\_\_ Is statin therapy contraindicated? \_\_\_\_\_ Specify intolerance: \_\_\_\_\_
- If the diagnosis is HeFH, include genetic testing and criteria scores (ie. Dutch Lipid, Simon Broome, etc).
- Will the patient be on a diet while using Leqvio? \_\_\_\_\_ Will they be taking a PCSK9 inhibitor concurrently while using Leqvio? \_\_\_\_\_
- Recent comprehensive lipid panel. Documentation of patient's statin history or history of intolerance. Chart with supporting documentation.

### Leqvio (inclisiran) Medication Order Patient's height in feet/inches: \_\_\_\_\_ Patient's weight in pounds: \_\_\_\_\_

- 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: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_ License: \_\_\_\_\_

Best Contact Person in Office: \_\_\_\_\_ Direct Phone Line to Contact Person: \_\_\_\_\_

**Include demographics and insurance, including card scans (both medical and pharmacy benefit cards), most recent chart notes, all relevant scans, tests and laboratory results, and fax with this order to (732) 329-2322.**