

# 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.**

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

### 1. Primary diagnosis section (select one diagnosis code; complete ICD-10-CM to the highest level of specificity) - REQUIRED

Hypercholesterolemia:  E78.00  E78.2  E78.49  E78.5 Familial hypercholesterolemia (eg, HeFH):  E78.011  E78.019

Other (specify ICD-10-CM): \_\_\_\_\_

### 2. Secondary diagnosis ICD-10 code - RECOMMENDED

ICD-10-CM code: \_\_\_\_\_ ICD-10-CM description: \_\_\_\_\_

### 3. LDL-C level:

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

#### 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)
- List of previous treatments prescribed, 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

Previous LEQVIO dose given on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

▶ **PROVIDER SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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