LEQVIO® Clinical Documentation Referral Checklist

LEQVIO® (inclisiran) injection 284 mg/1.5 mL

This checklist is meant to capture the most common information typically needed by a treatment center. Use this checklist to help complete the LEQVIO Referral/Order Form and to ensure necessary clinical information in support of the referral is attached.
NOTE: You should check with the treatment center directly to confirm the process for referral and information required.

Patient Name: _____ Date of Service: _____

Patient has a primary diagnosis of:

☐ Hypercholesterolemia ☐ Heterozygous familial hypercholesterolemia (HeFH) ☐ Other: _____

If patient has a history of clinical atherosclerotic cardiovascular disease (ASCVD)—select all that apply

- ☐ Angina, stable or unstable
- ☐ Coronary syndrome, acute
- ☐ Myocardial infarction, history of
- ☐ Revascularization, coronary or other arterial (coronary artery bypass grafting, percutaneous transluminal coronary angioplasty, etc)
- ☐ Peripheral arterial disease
- ☐ Positive findings in computed tomography angio or cath
- ☐ Stroke
- ☐ Transient ischemic attack
- ☐ Other: _____

OR

If patient has an increased risk of ASCVD—select all that apply

- ☐ Age ≥65 years
- ☐ History of prior coronary artery bypass surgery or PCI outside of the major ASCVD event(s)
- ☐ Diabetes mellitus
- ☐ Hypertension
- ☐ Chronic kidney disease (eGFR 15-59 mL/min/1.73 m^2)
- ☐ Current smoking
- ☐ Persistently elevated LDL-C (≥100 mg/dL [≥2.6 mmol/L])
- ☐ History of congestive heart failure
- ☐ Other: _____

AND/OR

If patient has a history of HeFH—select all that apply

- ☐ Dutch Lipid/WHO Score >8
- ☐ Pretreatment LDL-C ≥190 mg/dL
- ☐ First or second degree relative with pretreatment LDL-C ≥190 mg/dL
- ☐ Simon Broome diagnostic criteria met
- ☐ Other: _____

☐ **Relevant patient history regarding diet and exercise:** _____

☐ **Other relevant patient history:** _____

☐ **Relevant ICD-10-CM diagnosis code(s)**

Labs and diagnostic tests: ☐ Lab values (relevant tests and recent lab values including LDL-C levels) ☐ CT coronary calcium score

Current or previous lipid-lowering therapy—select all that apply

- ☐ Atorvastatin (LIPITOR®) ☐ 10 ☐ 20 ☐ 40 ☐ 80 _____ Dates/length of use: _____
- ☐ Pravastatin (PRAVACHOL®) ☐ 10 ☐ 20 ☐ 40 ☐ 80 _____ Dates/length of use: _____
- ☐ Simvastatin (ZOCOR®) ☐ 5 ☐ 10 ☐ 20 ☐ 40 ☐ 80 _____ Dates/length of use: _____
- ☐ Rosuvastatin (CRESTOR®) ☐ 5 ☐ 10 ☐ 20 ☐ 40 _____ Dates/length of use: _____
- ☐ Ezetimibe (ZETIA®) ☐ 10 _____ Dates/length of use: _____
- ☐ Evolocumab (REPATHA®) ☐ 140 ☐ 420 _____ Dates/length of use: _____
- ☐ Alirocumab (PRALUENT®) ☐ 75 ☐ 300 _____ Dates/length of use: _____
- ☐ Other: _____ Dates/length of use: _____
- ☐ Patient not at recommended target despite LDL-C–lowering therapy

Medical history for statin therapy—select all that apply

- ☐ Patient experienced myalgia/myositis that resolved when removed from therapy
- ☐ Patient has undergone re-challenge with lower dose statin with symptom reappearance
- ☐ Patient has known contraindications to statins
- ☐ Patient has creatine phosphokinase elevations >10x upper normal limit
- ☐ Other: _____

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