

## LEQVIO MEDICATION ORDER

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

Patient's height in feet and inches \_\_\_\_\_ Patient's weight in pounds \_\_\_\_\_

■ **Diagnosis** A diagnosis from **each** of the two columns is required, both a primary **and** secondary diagnosis.

- |   |   |
|---|---|
| <input type="checkbox"/> E78.00 Pure hypercholesterolemia, unspecified  | <input type="checkbox"/> I25.10 ASCVD nativa CA w/o angina pectoris       |
| <input type="checkbox"/> E78.01 Familial hypercholesterolemia           | <input type="checkbox"/> I25.110 ASCVD nativa CA w/angina pectoris        |
| <input type="checkbox"/> E78.2 Mixed hyperlipidemia                     | <input type="checkbox"/> I25.110 ASCVD native CA w/angina w/spasm         |
| <input type="checkbox"/> E78.41 Elevated lipoprotein(s)                 | <input type="checkbox"/> I23.7 Postinfarction angina                      |
| <input type="checkbox"/> E78.49 Other hyperlipidemia, familial combined | <input type="checkbox"/> I25.84 Coronary athero. due to lipid rich plaque |
| <input type="checkbox"/> E78.5 Hyperlipidemia, unspecified              | <input type="checkbox"/> _____  |

■ **Details Needed for Approval** Please answer all questions and provide supporting documentation.

- What approved condition (above) is this medication being used to treat?  ASCVD  HeFH  Other: \_\_\_\_\_
- Circle all of the following which apply to the patient:  
**For Dx ASCVD:** Prior MI Hx of acute coronary syndrome    Angina    Hx of stroke or TIA    Atherosclerotic PAD    CABG    Stent  
Angioplasty    Percutaneous coronary intervention     $\geq 50\%$  stenosis on CT or angiography  
**For Dx HeFH:** Tendon xanthoma (self or primary relative)    Fam Hx of total cholesterol  $\geq 190$     Fam Hx MI 1<sup>st</sup> degree relative  $\leq 60y/o$   
Fam Hx MI 2<sup>nd</sup> degree relative  $\leq 50y/o$     CAC score  $\geq 100$     Dutch Lipid Score greater than 5
- Was patient's LDL equal to or greater than 190 mg/dL prior to antihyperlipidemic agents? \_\_\_\_\_
- Was 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 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 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, and all supporting documents.

■ **Medication Order**

- Initial phase of Leqvio (inclisiran) 284mg SubQ injection at months 0 and 3. (If maintenance also ordered, 1<sup>st</sup> dose is 6 months after initial phase.)
- Maintenance phase of 284mg SubbQ 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 Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

■ **Documentation to Include:**

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.

**FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.**