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:

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

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

OR

- ☐ 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: _____

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

AND/OR

- ☐ 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]) despite maximally tolerated statin therapy and ezetimibe
- ☐ History of congestive heart failure
- ☐ Other: _____

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: _____

☐ **Other relevant patient history:** _____

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

Lab values ☐ Relevant tests and recent lab values including LDL-C levels >70 mg/dL

Current and 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: _____
- ☐ Other: _____ Dates/length of use: _____
- ☐ Patient not at recommended target despite lipid-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: _____

IMPORTANT SAFETY INFORMATION

LEQVIO is contraindicated in patients with a prior serious hypersensitivity reaction to inclisiran or any of the excipients in LEQVIO. Serious hypersensitivity reactions have included angioedema. Adverse reactions in clinical trials (≥3% of patients treated with LEQVIO and more frequently than placebo) were injection site reaction, arthralgia, and bronchitis.

Please click here for LEQVIO full Prescribing Information.

INDICATION

LEQVIO injection is indicated as an adjunct to diet and statin therapy for the treatment of adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH), to reduce low-density lipoprotein cholesterol (LDL-C).

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