



**OUTPATIENT INCLISIRAN (LEQVIO) ORDERS:**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Allergies: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

1. Assign as Outpatient
2. Diagnosis: **Primary diagnosis – selection of one is required**
  - \_\_\_\_ E78.00 Pure hypercholesterolemia, unspecified
  - \_\_\_\_ E78.01 Familial hypercholesterolemia
  - \_\_\_\_ E78.2 Mixed hyperlipidemia
  - \_\_\_\_ E 78.49 Other hyperlipidemia, familial combined hyperlipidemia
  - \_\_\_\_ E78.9 Disorder of lipoprotein metabolism, unspecified
  - \_\_\_\_ Other ICD-10 Code and description: \_\_\_\_\_

**Secondary diagnosis - recommended**

- \_\_\_\_ Atherosclerotic heart disease (ASCVD)
  - \_\_\_\_ I25.10 ASCVD of native coronary artery w/o angina pectoris
  - \_\_\_\_ I25.110 ASCVD of native coronary artery w/ unstable angina pectoris
  - \_\_\_\_ I25.111 ASCVD of native coronary artery w/angina pectoris and documented spasm
  - \_\_\_\_ I25.118 ASCVD of native coronary artery with other forms of angina pectoris
  - \_\_\_\_ I25.119 ASCVD of native coronary artery with unspecified angina pectoris
  - \_\_\_\_ I25.700 ASCVD of coronary artery bypass graft, unspecified w/angina pectoris
  - \_\_\_\_ I25.701 ASCVD of coronary artery bypass graft, unspecified w/angina pectoris and spasm
- 3. Labs should be done by provider's office prior to appointment:
  - Comprehensive lipid panel/LDL-C prior to initial dose (if not done within the last 90 days)
  - Fasting lipid profile should be rechecked 4-12 weeks after starting therapy and every 3-12 months thereafter. LDL-C may be checked as early as 30 days after initiation and anytime thereafter without regard to timing of the dose
- 4. Inclisiran (Leqvio) dosing (SQ into abdomen, upper arm or thigh)
  - \_\_\_\_ *First dose:* 284mg SQ x1
  - \_\_\_\_ *Second dose:* 284mg SQ x1 - 3 months after 1<sup>st</sup> dose
  - \_\_\_\_ *Subsequent maintenance doses:* starting 6 months after 2<sup>nd</sup> dose, 284mg SQ every 6 months
  - Previous Leqvio dose given on: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5. Discharge when complete

\*New MD order required every 6 months

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_



Patient: «Full\_Name»; DOB: «Birth\_Date»

Physician: «Attending\_Physician\_Last\_Name», «Attending\_Physician\_First\_Name» «Attending\_Physician\_Middle\_Init»

Visit ID: «Visit\_ID»