



**MATAGORDA REGIONAL**  
 MEDICAL CENTER  
 MRMC IV THERAPY SERVICES  
 PHONE: 979-241-5966  
 FAX: 979-241-5965

**LEQVIO (inclisiran) ORDER FORM**

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ DOB: \_\_\_\_\_  
 HT: \_\_\_\_\_ WT: \_\_\_\_\_ Sex : ( ) Male ( ) Female SSN: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Allergies: \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance Name \_\_\_\_\_ Policy ID #: \_\_\_\_\_  
 Secondary Insurance Name \_\_\_\_\_ Policy ID #: \_\_\_\_\_

**PHYSICIAN / FACILITY INFORMATION**

Physician Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 DEA#: \_\_\_\_\_ NPI #: \_\_\_\_\_ State Lic #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**STATEMENT OF MEDICAL NECESSITY**

Primary Diagnosis: (ICD-10 Code plus Description) – **CHECK the appropriate box(es):**

- E78.00 Pure Hypercholesterolemia, unspecified       E78.5 Hyperlipidemia, unspecified  
 E78.2 Mixed Hyperlipidemia       E78.011 Familial hypercholesterolemia, heterozygous  
 E78.49 Other Hyperlipidemia, familial combined hyperlipidemia       E78.019 Familial hypercholesterolemia  
 Other: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

**CHECK THE APPROPRIATE BOX BELOW FOR DOSING:**

**LEQVIO™ Initial 3-Dose Regimen:**

LEQVIO (inclisiran)	284 mg	subcutaneous	Now	1 <sup>st</sup> Dose x 1
LEQVIO (inclisiran)	284 mg	subcutaneous	3 months from 1 <sup>st</sup> dose	2 <sup>nd</sup> Dose x 1
LEQVIO (inclisiran)	284 mg	subcutaneous	6 months from 2 <sup>nd</sup> dose	3 <sup>rd</sup> Dose x 1

**LEQVIO™ Maintenance Regimen:**

LEQVIO (inclisiran)	284 mg	subcutaneous	Every 6 months	12 months
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**NOTES/INSTRUCTIONS/OTHER:**

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Physician's Signature \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Fax completed form to the MRMC Infusion Center at 979-241-5965.  
**PLEASE include copies of: H+P, OFFICE NOTES, LABS, ACTIVE MEDICATION PROFILE, and CURRENT INSURANCE INFORMATION in order for your referral to be processed.**