



**Inclisiran (Leqvio)**

**Patient and Physician Information**

<b>Patient Name:</b>	<b>Date of Birth:</b>	<b>Patient Phone Number:</b>
<b>Physician Name:</b>	<b>Office Phone Number:</b>	<b>Fax Number:</b>
<b>Insurance:</b>	<b>Group Number:</b>	<b>Policy Number:</b>
<b>Hospitalization Status:</b>	<b>Patient Weight (kg):</b>	<b>Height (inches):</b>
<input checked="" type="checkbox"/> Outpatient to Outpatient Infusion Center		
<b>Allergies:</b>		

\*\*\*Send patient demographics/insurance, clinical notes, and test results with orders\*\*\*

**Diagnosis Code/Description for treatment:**

- ☐ Pure Hypercholesterolemia -include HeFH (E78.0)
- ☐ Mixed Hyperlipidemia (E78.2)
- ☐ Hyperlipidemia, Unspecified (E78.5)
- ☐ Other Hyperlipidemia (E78.4)

**Inclisiran (Leqvio) [J1306 : 1 MG = 1 unit]**

**Initial Dose – 2 doses: First Dose given ( ) Second dose 3 months after first dose.**

- ☒ Inclisiran (Leqvio) 284 MG SUBCUTANEOUSLY ONCE

**Maintenance Dose – Starts 6 months after initial dose given.**

- ☒ Inclisiran (Leqvio) 284 MG SUBCUTANEOUSLY EVERY 6 MONTHS

**Infusion Reaction**

- ☒ If infusion reaction occurs, stop the infusion IMMEDIATELY, notify physician with details of reaction AND initiate the Outpatient Infusion HYPERsensitivity, OIC orders #1024

**Discharge**

- ☒ Discharge home 30 minutes after treatment complete if stable.

**Date and Physician Signature**

**DATE:** \_\_\_\_\_  
10862508

**TIME:** \_\_\_\_\_

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**