



Inclisiran (Leqvio)

Patient and Physician Information

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

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: _____
10862512

TIME: _____

PHYSICIAN'S SIGNATURE