

Inclisiran (Leqvio)
Patient and Physician Information

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|--|----------------------|-----------------------|
| 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 SUBCUTANEOUSELY ONCE

Maintenance Dose – Starts 6 months after initial dose given.

- Inclisiran (Leqvio) 284 MG SUBCUTANEOUSELY 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: _____

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PHYSICIAN'S SIGNATURE

DO NOT WRITE ON OR BELOW THIS AREA ORDERS MAY BE CUT OFF BY FAX MACHINES