



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: ____/____/____

Date of Last Infusion: ____/____/____ Height _____ Weight _____

Infusion Location: (state and site) _____

Leqvio (inclisiran) Orders

Diagnosis-provide ICD-10 code (Must have a primary and secondary diagnosis)

Primary Diagnosis	<input type="checkbox"/> E78.2 Mixed Hyperlipidemia	<input type="checkbox"/> 78.5 hyperlipidemia (unspecified)
<input type="checkbox"/> E78.00 Pure Hypercholesteremia	<input type="checkbox"/> E78.4 Other Hyperlipidemia	<input type="checkbox"/> E78.9 Disorder of lipoprotein metabolism
<input type="checkbox"/> E78.01 Familial Hypercholesterolemia	<input type="checkbox"/> E78.49 Other hyperlipidemia (familial combined)	<input type="checkbox"/> _____
Secondary Diagnosis (ICD-10 and description) <input type="checkbox"/>		

Pre-Infusion Check list:

- Hold infusion for abnormal vital signs or chance of pregnancy Verify

Patient Record Contains:

- Office visit notes with complete list of treatment failures
- LDL, and cholesterol levels
- History of CAD, MI, TIA, Stroke or cardiac catheterization

Administer Leqvio 284mg subcutaneous injection in the upper arm, upper thigh or abdomen

- Loading dose (Month 0, 3, then every 6 months)
- Maintenance dose (every 6 months)

Nursing Orders:

- Monitor patient for post injection observation period of 15mins after first injection. IF no reaction occurs, no further observation period is required
- Record Vital signs prior to discharge
- If a patient develops bronchospasm, angioedema, hypotension, urticaria or other signs of anaphylaxis, initiate Hypersensitivity Reaction Management Protocol to include administration of epinephrine 0.3 mg IM STAT

Additional Orders:

Provider Name (print) _____ Date: _____

Provider Signature: _____ Time: _____