

## Leqvio (Inclisiran) Injection Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis (please provide ICD10 code) \_\_\_\_\_  Male  Female

NKDA Allergies: \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

### Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### LEQVIO (Inclisiran) ORDERS

#### DOSING:

- Inclisiran sodium 284mg (pre-filled syringe)

#### ADMINISTRATION:

- Inject LEQVIO subcutaneously into the abdomen, upper arm, or thigh. Do not inject in areas of active skin disease or injury, such as sunburns, skin rashes, inflammation, or skin infections.

#### FREQUENCY:

- Initial dose, again at 3 months, then every 6 months

#### ORDER NOTES:

\_\_\_\_\_

#### REQUIRED TESTING/LABS:

- Clinical/Progress Notes supporting primary diagnosis (please attach)

#### REFILLS:

- \_\_\_\_\_

*(if not indicated prescription will expire one year from date signed)*

#### Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date