

Leqvio (Inclisiran) Order Form

Patient Name	Middle	Last	DOB
--------------	--------	------	-----

Diagnosis	Diagnosis Code
-----------	----------------

Height (cm)	Actual Weight (kg)	Allergies
-------------	--------------------	-----------

LEQVIO (INCLISIRAN):

Indication:

- Heterozygous Familial Hypercholesterolemia Secondary Prevention of Cardiovascular Events

FDA APPROVED DOSE:

284 mg SubQ as a single injection initially, again at 3 months, and then every 6 months thereafter.
(Please check all that apply):

- 284 mg subcutaneously as initial injection 284 mg subcutaneously every 6 months
 284 mg subcutaneously at 3 months

Orders valid through: _____

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name	Provider Signature		
Date	Phone	Fax	Pager