NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

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