

(inclisiran)

LEQVIO infusion orders

Patient Name DOB

Phone M F

DIAGNOSIS Please provide ICD-10 code

Clinical atherosclerotic cardiovascular disease (ASCVD) Heterozygous familial hypercholesterolemia (HeFH)

(other)

PRE-MEDICATION

Acetaminophen 1000mg PO Diphenhydramine 25mg PO Cetirizine 10mg PO Solu-Medrol 125mg IVP Solu-Cortef 100mg IVP Diphenhydramine 25mg IVP

(other) (other)

LEQVIO (inclisiran) ORDERS

DOSAGE & FREQUENCY PATIENT WEIGHT

284mg administered as a single subcutaneous injection initially, again at 3 months, and then every 6 months.

lbs.

kg

NOTES

ORDERING PROVIDER

Signature X Date

Provider Phone Fax