



Leqvio (Inclisiran) Subcutaneous Injection Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Heterozygous familial Hypercholesterolemia (HeFe) ICD 10 Code: E78.01
- Clinical Atherosclerotic Cardiovascular Disease (ASCVD) ICD 10 Code: 125.10
- Other: _____ ICD 10 Code: _____

Required Tests (within 12 months & attach results)

Lipid Panel Results _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes

Leqvio Medication Order

Patient Weight: _____ KG

Dosage – Subcutaneous Injection

284mg / 1.5ml prefilled syringe

Frequency

Initial dose, then at 3 months then every 6 months

Maintenance every 6 months

Other _____

Required Documents

Patient Demographic Sheet

H & P within the past 6 months

Current Medication List

Clinical and Progress Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____