

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

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 & Progress Notes (including last infusion note)
 Copy of Insurance Card (Front/Back)

Location

- Eau Claire Weston Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____