

Leqvio (Inclisiran) Injection Orders

Patient Name:		DOB:	
Diagnosis (please provide ICD10 code)		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> NKDA	Allergies:		
<input type="checkbox"/> New Start Therapy	<input type="checkbox"/> Continuation of Therapy	Date of last dose (if applicable):	

Ordering Provider:

Provider NPI:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

LEQVIO (Inclisiran) ORDERS

DOSING:

Inclisiran sodium 284mg (pre-filled syringe)

ADMINISTRATION:

Inject LEQVIO subcutaneously into the abdomen, upper arm, or thigh.

FREQUENCY:

- ☐ Initial dosing: Week 0, again at 3 months, then every 6 months
- ☐ Maintenance Dosing: Inject SQ every 6 months

ORDER NOTES:

REQUIRED TESTING/LABS:

- ☒ Clinical/Progress Notes supporting primary diagnosis (please attach)
- ☒ Most recent Lipid Panel
- ☒ Please list previously tried and failed medications (ie maximally tolerated statin, Praluent, Repatha, etc):

REFILLS:

(if not indicated prescription will expire one year from date signed)

- ☒ Provide treatment under Noble Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for

Provider Name

Provider Signature

Date