

Leqvio Injection Order

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: Lipid panel prior to first injection

Infusion Therapy:

Leqvio (inclinsiran) **284 mg** SC

Frequency: week 0, week 12 and then every 6 months

ICD 10 code: _____

Additional Orders:

Special Instructions:

- Verify that patient is on maximally tolerated statin therapy
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.
- Inject LEQVIO subcutaneously into the abdomen, upper arm, or thigh. Do not inject in areas of active skin disease or injury, such as sunburns, skin rashes, inflammation, or skin infections.

Injection Monitoring:

- Obtain vital signs pre-injection and post-injection.
- Monitor for signs of reaction for 30 mins after completion of 1st injection and subsequent injections PRN if previous signs of reaction observed.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB: