



Conveniently Located in East Syracuse, Onondaga Hill & Auburn

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Leqvio (Inclisiran) Non-Oncology Treatment Order Set

1. Patient Name: _____

2. DOB: _____ Height (inches): _____ Weight (lbs): _____

3. Diagnosis:

- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris
- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- I25.111 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
- I25.118 Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
- I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
- I25.700 Atherosclerosis of coronary artery bypass graft9s0s, unspecified, w/ unstable angina pectoris
- I25.701 Atherosclerosis of coronary artery bypass graft9s0, unspecified, w/ angina pectoris w/ spasm
- E78.49 Other hyperlipidemia, familial combined hyperlipidemia
- E78.9 disorder of lipoprotein metabolism, unspecified
- E78.00 Pure hypercholesterolemia, unspecified E78.01 Familial hypercholesterolemia
- E78.2 Mixed hyperlipidemia E 78.5 Hyperlipidemia, unspecified
- Other ICD-10 Code: _____ Diagnosis description: _____

4. Pre-medications:

- Other Pre-medication: _____
- No Pre-medications indicated

5. Drug Order: Leqvio (Inclisiran) *Ok to substitute for generic/biosimilar*

Dose/Frequency:

- Induction: 284mg/1.5ml Subcutaneous injection at day 0, month 3 & month 6
- Maintenance: 284mg/1.5ml Subcutaneous injection every 6 months

- New to Therapy
- Continuing therapy: Last Dose Received _____ Next Dose Due _____

HOA of CNY is responsible to provide nursing care, safe drug handling & administration, post-infusion observation & management of drug hypersensitivity reactions per the HOACNY Infusion Policy & Procedure Guidelines. Any changes in condition or delayed adverse events that occur after leaving the infusion center are to be reported to the prescribing physician for evaluation & management. The prescribing physician is responsible for educating the patient of potential risks & complications associated with drug administration as well as drug specific monitoring parameters before proceeding with Non-Oncology Infusion Referral

6. Infusion Lab Requirements:

- Fasting lipid profile every _____ (4-12) weeks following initiation of therapy
- No lab monitoring indicated to proceed

HOA of CNY WILL NOT DRAW LAB WORK REQUIRED FOR INFUSION ADMINISTRATION.

The prescribing physician is responsible for ordering, obtaining, reviewing all laboratory results & providing copy to HOACNY prior to infusion as ordered above.

7. Required Baseline Lab/Testing Completed:

- Lipid Profile (fasting or non-fasting), Date: _____
- Patient has trialed & failed the following therapies (include drug/dates): _____
- Patient has intolerance to the following therapies): _____

8. Patient Assistance & REMS Program Enrollment

- Yes, patient has been enrolled in _____ program. (Provide Copy Enrollment Forms)
- No, patient has not been enrolled in any programs.

7. Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

(This drug administration order form is valid for 12 months)