

An Outpatient Department of Trinity Health Oakland
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Inclisiran (Leqvio®)

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVE Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ____/____/____

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ Patient Address: _____ Patient Phone Number: _____ Date of Birth: ____/____/____ Weight: ____ kg Height: ____ cm Allergies: _____		Primary Insurance: _____ Member ID: _____ Secondary Insurance: _____ Member ID: _____	
Diagnosis <input type="checkbox"/> Pure Hypercholesterolemia, unspecified (E78.00) <input type="checkbox"/> Familial hypercholesterolemia (E78.01) <input type="checkbox"/> Mixed hyperlipidemia (E78.2) <input type="checkbox"/> Other hyperlipidemia (E78.4) <input type="checkbox"/> Acute myocardial infarction (I21) <input type="checkbox"/> ST elevation (STEMI) myocardial infarction of anterior wall (I21.0) <input type="checkbox"/> ST elevation (STEMI) myocardial infarction of inferior wall (I21.1) <input type="checkbox"/> Other Diagnosis Code (ICD-10): _____ <input type="checkbox"/> Other Indication: _____ Target start date: _____		Labs <input type="checkbox"/> LDL <input type="checkbox"/> LFTs <input type="checkbox"/> Other: _____ Frequency <input type="checkbox"/> Every infusion <input type="checkbox"/> Other: _____	
Previously tried and failed therapies (include dates): _____			
Inclisiran (Leqvio®) Inject subcutaneously into the abdomen, upper arm, or thigh			
Dose <input type="checkbox"/> 284mg SC injection <input type="checkbox"/> _____ mg		Frequency Induction <input type="checkbox"/> at month 0 and 3 Maintenance <input type="checkbox"/> Every 6 months <input type="checkbox"/> Every _____ months Date of last dose: ____/____/____	
Pre-Medications and Pre-Protocol (ordered at physician discretion)	<input type="checkbox"/> Acetaminophen 650 mg PO once <input type="checkbox"/> Loratadine 10 mg PO once <input type="checkbox"/> Diphenhydramine once <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> PO <input type="checkbox"/> IV <input type="checkbox"/> Famotidine 20 mg IV once <input type="checkbox"/> Hydrocortisone 100 mg IV once <input type="checkbox"/> Methylprednisolone 125 mg IVP once <input type="checkbox"/> Other: _____		Hydration <input type="checkbox"/> LR <input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> Other _____ _____ mL at _____ mL/hr <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> Following

Flushing Protocol <i>as needed for line care</i>	<input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL	<input type="checkbox"/> Heparin 100 Units/mL <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL
Hypersensitivity Panel Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> • Sodium chloride 0.9% bolus 500 mL once as needed for hypotensive management (SBP <90mmHg) • Acetaminophen 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping • Albuterol 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses • Albuterol HFA inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea • Epinephrine injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses • Famotidine injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Diphenhydramine injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom • Diphenhydramine injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Hydrocortisone sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure 	
<div> <div> Provider Name: _____ Attending Physician Name: _____ Office Phone Number: _____ </div> <div> Provider Signature: _____ Provider NPI: _____ Office Fax Number: _____ </div> </div> <p><i>Note: This order is valid for 12 months from date of physician signature.</i></p>		