

Patient Name _____

DOB _____

MRN _____

Physician _____

CSN _____

Physician's Orders INCLISIRAN SODIUM (LEQVIO) - ADULT, OUTPATIENT, INFUSION CENTER

Page 1 to 2

Defaults for orders not otherwise specified below:

- Induction (284mg every 90 days for 2 doses)
- Maintenance (284mg every 180 days)

Duration:

- #__ of treatments
- 1 year of therapy
- Until date: _____

Anticipated Infusion Date _____ ICD 10 Code with Description _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Site of Service

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> SH Gerber | <input type="checkbox"/> SH Lemmen Holton (GR) | <input type="checkbox"/> SH Pennock | <input type="checkbox"/> SH United Memorial |
| <input type="checkbox"/> SH Helen DeVos (GR) | <input type="checkbox"/> SH Ludington | <input type="checkbox"/> SH Reed City | <input type="checkbox"/> SH Zeeland |

Provider Specialty

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Med/Family Practice | <input type="checkbox"/> Other | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Wound Care |

Appointment Requests

- Infusion Appointment Request**
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after Injection and possible labs

Provider Ordering Guidelines

- ONC PROVIDER REMINDER 23**
Routine, Until discontinued Starting when released Until Specified
INCLISIRAN SODIUM (LEQVIO) ORDERING GUIDELINES:

Missed dose: If a dose is missed by less 3 months from the usual day of administration, administer the dose as soon as possible and then resume the original schedule. If a dose is missed by more that 3 months, skip the missed dose and restart with a new dosing schedule as initial dose, then again at 3 months, and then every 6 months.

Pregnancy: Based on the mechanism of action, in utero exposure to inclisiran may cause fetal harm. Inclisiran should be discontinued as soon as pregnancy is recognized.

Lipid profile (fasting or nonfasting) before initiating treatment; fasting lipid profile should be rechecked 4 to 12 weeks after starting therapy and every 3 to 12 months thereafter; low-density lipoprotein-cholesterol may be checked as early as 30 days after initiation and anytime thereafter without regard to timing of the dose.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.

Patient Name
 DOB
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INCLISIRAN SODIUM (LEQVIO)- ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)
 Page 2 to 2



Labs

Lipid Panel

Interval

Duration

- Every 90 days
 Every 180 days
 Twice
 1 year

URGENT, Clinic Collect, Status: Future, Expected: S, Expires: S+365

Rule based evaluation for monthly pregnancy test before chemotherapy cycles

ONC PROVIDER REMINDER 28

Every 180 days

Routine, Until discontinued Starting when released Until Specified

This patient does not qualify for pregnancy test based on the following criteria:

- * Female, aged 12 to 60 years
- * Uterus is still intact

If you disagree, consider adding a pregnancy test monthly prior to chemotherapy.

Selection Condition: Patient could NOT become pregnant

Beta Human Chorionic Gonadotropin (hCG) Quantitative

Every 180 days

URGENT, Clinic Collect, Status: Future, Expected: S, Expires: S+365

Selection Condition: Patient could become pregnant

Lab: _____

- Every ___ days
 Once

- Until date: _____
 1 year
 _____ # of Treatments

Nursing Orders



ONC NURSING COMMUNICATION 25

Routine, Until discontinued Starting when released Until Specified

Inclisiran (Leqvio): Contact provider if patient's planned dose is missed by more than 3 months. May administer medication at current visit.

The medication dosing recommendations recommend to restart a new dosing schedule if planned dose is missed by more than 3 months.

ONC NURSING COMMUNICATION 100

Until discontinued Starting when released Until Specified

May Initiate IV Catheter Patency Adult Protocol

Induction Treatment

inclisiran sodium (Leqvio) 284 MG/1.5ML prefilled syringe 284 mg

Interval

Duration

Every 90 days
 2 treatments

284 mg, Subcutaneous, Once, Starting when released

Administer subcutaneously into the abdomen, upper arm, or thigh.

Maintenance Treatment

inclisiran sodium (Leqvio) 284 MG/1.5ML prefilled syringe 284 mg

Interval

Every 180 days

284 mg, Subcutaneous, Once, Starting when released

Administer subcutaneously into the abdomen, upper arm, or thigh.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.



| TRANSCRIBED: | | VALIDATED: | | ORDERED: | | Pager # | Physician Print | Physician Sign |
|--------------|------|------------|------|----------|------|---------|--------------------|-------------------|
| TIME | DATE | TIME | DATE | TIME | DATE | | | |
| | | | | | | | | |
| | | | | | | | | |

EPIC VERSION DATE: 04/19/23

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