

Leqvio (Inclisiran) Induction Followed by Maintenance Every 6 Months

Leqvio (Inclisiran) 284 mg subq every 3 months x2 followed by 284 mg subq every 6 months

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Labs			
☒ hCG, serum, qualitative	Every visit		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Inclusion conditions: Patient could become pregnant			
☐ Comprehensive metabolic panel	Every 90 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Lipid panel	Once	S+90	1 treatment
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			

Nursing Orders

☒ Nursing communication	Every visit		Until discontinued
If a planned dose is missed by less than 3 months, administer inclisiran and maintain dosing according to the patient's original schedule.			

If a planned dose is missed by more than 3 months, contact provider to restart with a new dosing schedule.

Therapeutic Medications

☒ inclisiran (Leqvio) subcutaneous injection 284 mg	Every 90 days		2 treatments
284 mg, subcutaneous, Once, Starting when released			
Solution should be clear and colorless to pale yellow. Do not use if particulate matter or discoloration is observed. Inject subQ into the abdomen, upper arm, or thigh. Do not inject in areas of active skin disease or injury (eg, sunburn, skin rash, inflammation, skin infection).			
☒ inclisiran (Leqvio) subcutaneous injection 284 mg	Every 180 days	S+270	Until discontinued
284 mg, subcutaneous, Once, Starting when released			
Solution should be clear and colorless to pale yellow. Do not use if particulate matter or discoloration is observed. Inject subQ into the abdomen, upper arm, or thigh. Do not inject in areas of active skin disease or injury (eg, sunburn, skin rash, inflammation, skin infection).			

Emergency Medications

☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified			
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			

	Interval	Defer Until	Duration
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

Appointment Requests

☒ Infusion Appointment Request Status: Once, Expected: S, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after	Every 90 days		2 treatments
☒ Infusion Appointment Request Status: Once, Expected: S, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after	Every 180 days	S+270	Until discontinued

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**