



LEQVIO INFORMED CONSENT FORM

Thank you for considering Leqvio (Inclisiran) as a treatment option. This informed consent form has been provided to ensure that you, as the patient, fully understand the risks, benefits, and potential alternatives associated with the use of Leqvio. It is important that you read this form carefully and feel free to ask any questions or seek clarification before making a decision. Your well-being and informed decision-making are our utmost priority.

Leqvio (Inclisiran) is a medication indicated for the treatment of primary hypercholesterolemia (high cholesterol levels) or mixed dyslipidemia (abnormal lipid levels). It belongs to a class of medications known as small interfering ribonucleic acid (siRNA) inhibitors. Leqvio works by reducing the production of a specific protein involved in cholesterol metabolism, thereby lowering LDL cholesterol levels.

Risks and Side Effects:

As with any medication, Leqvio carries potential risks and side effects. It is important to note that not all patients will experience these side effects, and the severity can vary. The potential risks and side effects associated with Leqvio may include:

1. Injection site reactions: This may involve redness, pain, swelling, or itching at the site of injection.
2. Allergic reactions: Although rare, Leqvio can cause severe allergic reactions characterized by difficulty breathing, swelling of the face, lips, tongue, or throat, rash, or itching.
3. Liver abnormalities: In isolated cases, Leqvio may result in changes in liver function tests.
4. Muscle-related problems: Leqvio may cause muscle pain, weakness, or inflammation (myalgia, myositis, or rhabdomyolysis).

It is crucial to promptly inform your healthcare provider if you experience any unusual symptoms or side effects while using Leqvio.

I understand all possible side effects from this medication may not have been completely identified and as new information becomes available I will be notified.

I have had the opportunity to fully read, understand and discuss this consent form with my physician and the nurses. By signing this consent, I am agreeing to treatment with LEQVIO.

Patient's Name

Witness' Name

Patient's Signature

Witness' Signature

Date

Date