



**Checklist for LEQVIO Referral**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Referring Office Contact/Title: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Best contact number for physician in case of reaction: \_\_\_\_\_

*Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.*

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). \*Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
  - Note should include any therapies tried/failed, and must include discussion about Leqvio
  - Medication list and allergies
- Supporting lab reports for Leqvio treatment
  - Baseline LDL
- Leqvio Prescribing Order (see attached)

**-- We will obtain prior authorization and schedule your patient as soon as possible --**

---

**Fax all information to our Infusion Coordinator: 508-698-8671**

Call with any questions: 781-551-5812 ext. 112

---

Visit our website: [www.InfusionCenterNE.com](http://www.InfusionCenterNE.com)  
Email: [info@infusioncenterne.com](mailto:info@infusioncenterne.com)

**Infusion Center of New England**  
9 Payson Road, Suite 100, Foxboro MA 02035  
Ph: 781-551-5812  
Fax: 508-698-8671



**Prescribing Order: LEQVIO**

Date of Order: \_\_\_\_\_

New Start     Maintenance

Date of last injection: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Diagnosis (include ICD-10 code/s): \_\_\_\_\_

NKDA    Allergies: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

**Premedication:**

Acetaminophen 1000mg PO

Diphenhydramine 25mg PO

Loratadine 10mg or Cetirizine 10mg PO

Other: \_\_\_\_\_

**Lab Orders:**

\_\_\_\_\_

**LEQVIO Medication Order**

Dosing:             LEQVIO 284mg/1.5ml SQ Injection

Frequency:         Initial dose, again at 3 months

Maintenance dose every 6 months

**Administration:**

- ✓ Administer subcutaneously in the abdomen, upper arm, or thigh. Do not inject in areas of active skin disease or injury, such as sunburns, skin rashes, inflammation, or skin infections.
- ✓ In case of suspected reaction, notify physician.

Ordering Provider Name

NPI

Signature

Date

**Infusion Center of New England**

9 Payson Road, Suite 100, Foxboro MA 02035

Ph: 781-551-5812

Fax: 508-698-8671