



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 option 4

Visit our website: www.InfusionCenterNE.com
Email: info@infusioncenterne.com

Infusion Center of New England
18 Washington Street, 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

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