

# LEQVIO Injection Order (inclisiran)



Fax completed order to: 334-521-0394

InfusionCare.org  
P: 334-521-0073

**\*Please fax a copy of the**  Demographics  Insurance Information  Current Medications  H & P Relevant to the Diagnosis  
**following patient information:**  Statin history and /or lipid lowering and/or intolerance  Comprehensive lipid panel/LDL-C values (in the last 90 days)  
**This information is necessary for prior authorization approval and to ensure payment by the insurance carrier.**

## Patient Information

Date of Referral

First Name

M.I.

Last Name

Date of Birth

Address

City

State

Zip Code

Phone

Wt (kg)

Ht (in)

Primary Diagnosis

- E78.00 Pure hypercholesterolemia, unspecified
- E78.01 Familial hypercholesterolemia
- E78.2 Mixed hyperlipidemia
- E78.49 Other hyperlipidemia, familial combined hyperlipidemia
- E78.5 Hyperlipidemia, unspecified
- E78.9 Disorder of lipoprotein metabolism, unspecified
- Other:

A secondary diagnosis code is often required by payers. A list of ICD-10-CM codes can be found in the [LEQVIO Billing and Coding Guide](#).

Secondary Diagnosis:

Office Contact Name, Email or Phone Number

## LEQVIO Dosing

Initial Dose: administer 284mg/1.5 mL subcutaneous injection initially, then 284mg/1.5 mL subcutaneous injection in 3 months.

Maintenance Dose: administer 284mg/1.5 mL subcutaneous injection every 6 months

Quantity Dispense: \_\_\_\_\_ Refill: \_\_\_\_\_ times

\*PER OUR PROTOCOL, Patient will be monitored for 10 mins after injection.

Prescribing Provider

Address

City

State

Zip Code

Provider Phone

Provider Fax

Provider NPI

Provider Tax ID

**PROVIDER SIGNATURE (No STAMPS)**

Date/Time