

Intravene – LEQVIO Orders (rev 9/2022)

Please fax this form along with a copy of insurance cards

And clinical documentation to 434-455-5531 or call 1-434-947-3900 ext. 3001

PATIENT INFORMATION

Name _____
Address _____
City _____
State _____ Zip Code _____
Home Phone # _____
Work Phone # _____
DOB _____ SSN _____
Sex _____ Weight _____ Height _____
Allergies _____
Primary Ins. _____
Secondary Ins. _____

REFERRING PHYSICIAN INFORMATION

Physician Name _____
Physician Address _____

Physician Phone _____
Physician Fax _____
NPI# _____ DEA# _____
State License# _____

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DIAGNOSIS:ICD-10 (required)

- E78.0 Pure Hypercholesterolemia (including HeFH)
- E78.2 Mixed Hyperlipidemia
- E78.4 Other Hyperlipidemia
- E78.5 Hyperlipidemia

Has patient been diagnosed with ASCVD and/or HeFH, is currently receiving maximally tolerated statin therapy (or has been determined clinically intolerant) and has not reached LDL-C target (<70mg/dl)

Yes _____ No _____

STANDARD ORDERS:

LEQVIO 284MG SC AT 0, 3, THEN EVERY 6 MONTHS

ANAPHYLACTIC MEDS AND VITAL SIGNS MONITORING PER INTRAVENE PROTOCOL

Signature, prescribing MD _____

Date _____