

INFUSION ORDERS LEQVIO

UTAH PROVIDERS Fax form to:
1-801-991-6924

ALL OTHER PROVIDERS Fax form to:
1-801-931-2631

you must enter a 1 before the fax number

Patient's Information

Date of Referral

First Name

Last Name

M.I.

Date of Birth

Address

City

State

ZIP Code

Phone

WT (kg)

HT (in)

Diagnosis

Allergies

*Please fax current medication list and H&P, G6PD, Basic Uric Acid > 6.0 mg/ds, and clinical/progress notes.

*ICD 10 CODE

*** Please include supporting clinical documentation for the specified ICD 10 Code as well as demographic and insurance information. This is necessary to ensure payment by the insurance carrier. Please fax with this order form. Initial appointment date and time will be verified after insurance approval**

LEQVIO DOSING

Initial Dose:

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Administer Leqvio 284mg/1.5ml via subcutaneous (SQ) injection at day 0, month 3 and then every 6 months.

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Maintenance Dose:

Administer Leqvio 284mg/1.5ml via subcutaneous (SQ) injection every 6 months.

Instruction: Administer subcutaneously into the abdomen, upper arm, or thigh.

INFUSION REACTION ORDER, CHOOSE ONE:

☐

Pure's Infusion Reaction Protocol

☐

Attached Infusion Reaction Protocol

Prescribing Provider

Address

City

State

ZIP Code

Provider
Signature

Date/Time

Provider Phone

Provider Fax