



GREATER BOSTON INFUSION CENTER

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17/19 Kendrick St, Wrentham, MA 02093

P 774-581-0032 | F 774-581-0033

LEQVIO - Referral Checklist

Referral packet checklist

Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME

DOB

DATE

REFERRING PROVIDER

NPI

DIRECT CONTACT / EXT.

OFFICE / PRACTICE

PHONE

FAX

EMAIL

URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- ☐ Patient demographics and contact information
- ☐ Primary and secondary insurance information; front/back card copies
- ☐ Supporting clinical notes / office visits documenting LEQVIO treatment plan
- ☐ Current medication list and allergies
- ☐ Relevant laboratory results / imaging and baseline safety information
- ☐ Completed LEQVIO prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Leqvio
- Medication list and allergies
- Baseline LDL

GBIC INTERNAL USE

REFERRAL RECEIVED

BENEFITS VERIFIED

PA STATUS / THROUGH

SCHEDULED



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Prescribing Order - LEQVIO

☐ New Start

☐ Maintenance

DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER

PATIENT NAME

DOB

M/F

DIAGNOSIS / ICD-10

☐ NKDA

PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐ 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



Prescribing Order - LEQVIO (continued)

ADMINISTRATION & MONITORING

- ✓ 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.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME	NPI	DATE

SIGNATURE

OFFICE PHONE / EXT.

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Handwritten or compliant electronic signature