



LEQVIO (inclisiran) Order Form

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: M F

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____ Ht: _____ Wt: _____

Please Attach: Insurance cards History & Physical Most recent labs Medication list

NKDA Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ ZIP: _____

REQUIRED INFORMATION

Documentation:

- Recent clinical and/or office visit notes supporting primary diagnosis
- Recent lipid panel

Tried and failed prescribed medications:

- Pralent Repatha
- Maximally tolerated statin
- Other (please specify): _____

MEDICATION ORDERS

ICD-10 Diagnosis Codes:

- E78.2 Mixed Hyperlipidemia
- E78.5 Hyperlipidemia, unspecified
- E78.011 Familial hypercholesterolemia, heterozygous (HeFH)
- Other: _____

New to Therapy Continuation of Therapy: Date of last dose (if applicable): _____

DOSING/FREQUENCY:

- Inject Leqvio subcutaneously into the abdomen, upper arm, or thigh.
- Initial: Week 0, again at 3 months, then every 6 months
- Maintenance: Inject SQ every 6 months
- Refills: _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

Fax Number

- Brandon: (656) 218-9643
- Clearwater: (727) 977-9717
- Fort Myers: (239) 533-5962
- Gainesville: (352) 450-8886
- Lakeland: (863) 777-2528

- Ocala: (352) 565-5228
- Orlando: (407) 792-6558
- Sarasota: (941) 413-3280
- St. Petersburg: (727) 977-8836
- Tampa: (813) 775-9997

- The Villages Brownwood: (352) 450-3080
- The Villages Lake Sumter: (352) 565-5553
- The Villages Spanish Springs: (352) 810-3536
- Venice: (941) 337-0779