

**ALL OF THE FOLLOWING INFORMATION IS
REQUIRED :**

Is this the first injection of Leqvio?

- YES
 No. Date of last injection: _____

Primary DX Code?

- E78.02
 I25.10

- Documentation of statin currently being used with start date or documentation of statin intolerance.
- Please attach a copy of medication order to this document when transmitting to ARBDA/IDYLLIC. Prescription should include standard information as well as specific instructions if loading doses of desired RX is required. **** NOTE **** Please do **NOT** provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
- Copy of Primary and Secondary Medical/Pharmacy Insurance Cards (Please enclose both FRONT & BACK)
- History of Infusion / Injection treatments (if applicable) and summary of medical history / treatment plan. **History must support DX code checked above.**
- MOST RECENT and/or Qualifying Labs (based on specific drug)
 Must include a LIPID Panel
(Initial dose requires LIPID within 30 days)
- Verification that your patient was issued a RX by the referring provider for an EpiPen and that patient was instructed to bring the EpiPen with them to the injection/infusion appointment (if required).
- Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment.**
- Does this patient require premedication(s)? If so, please document premedication requirements.
- Is this patient ambulatory Yes / NO
 Is a wheelchair required Yes / NO

PLEASE NOTE:

- **OUR OFFICE WILL PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS**
- **Our office will obtain all necessary prior authorizations required and any copay assistance if qualified.**
- **-Please contact our office if medication will be discontinued.**