



Leqembi (lecanemab) Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

- Alzheimer's Disease with Early Onset ICD 10 Code: G30.0 Other Alzheimer's Disease ICD 10 Code: G30.8
- Alzheimer's Disease with Late Onset ICD 10 Code: G30.1 Alzheimer's Disease Unspecified ICD 10 Code: G30.9

Required Labs (Attach results)

ApoE E4 status

Required Tests (attach results)

MRI's need to be performed at baseline & prior to the 5th, 7th and 14th infusion

Notes: _____

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg 8mg PO IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____

Leqembi Medication Order

Patient Weight: _____ KG

Dosage

- 10mg/kg IV every two weeks

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical & Progress Notes (including last infusion note)
- Cognitive Assessment Score _____
- MRI of the Brain within 1 year
- Confirmed presence of amyloid pathology (Amyloid PET scan or +CSF)
- CMS National Patient Registry # _____
- Copy of Insurance Card (front/back)

Location

- Eau Claire Weston Middleton