

Leqembi (Lecanemab-irmb) Infusion Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Ceterizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by PO/ IVP
- Solu-Cortef _____mg by PO/ IVP
- Other: _____

Required Documentation:

- Patient Medicare Registry # _____
- Patient Medicare Registry Confirmation Letter
- Must include the registration date, and the doctor's signature
- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Clinical notes with amyloid beta confirmation
- MRI prior to the start of treatment
- MRI prior to the 3rd infusion
- MRI prior to the 5th infusion
- MRI prior to the 7th infusion
- MRI prior to the 14th infusion
- Other: _____

Leqembi is a weight based drug:

Patient Height (cm): _____

Patient Weight (kg): _____

Leqembi Medication Order (Please select ONE):

- 10mg/kg IV every 2 weeks for treatments 1-2
- 10mg/kg IV every 2 weeks for treatments 3-4
- 10mg/kg IV every 2 weeks for treatments 5-6
- 10mg/kg IV every 2 weeks for treatments 7-13
- 10mg/kg IV every 2 weeks for treatments 14-36
- Maintenance Only:** 10mg/kg IV every 4 weeks for one year

An MRI is required before each new order for treatment.

<p>Additional Instructions/Notes:</p> 	<p>Patient IV Access</p> <ul style="list-style-type: none"> <input type="checkbox"/> PIV <input type="checkbox"/> Use patient's SL/DL PICC, flush per protocol <input type="checkbox"/> Access/deaccess patient's Port, flush per protocol <p><small>*Imaging results of proper placement required for PICC/Port</small></p>
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Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

<p>Locations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141 <input type="checkbox"/> Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141 <input type="checkbox"/> Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400
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