INFUSACARE
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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:

Leqembi is a weight based drug:

Patient Height (cm):

Patient Weight (kg):

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 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.

Additional Instructions/Notes:

Patient IV Access

□ PIV
□ Use patient's SL/DL PICC, flush per protocol
□ Access/deaccess patient's Port, flush per protocol
*Imaging results of proper placement required for PICC/Port

Ordering Provider:

Signature: _____ Date: _____

Provider: _____ Phone: _____ Fax: _____

Best Contact Person in Office: _____ Phone: _____

Locations:

□ *Skokie, IL*: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
□ *Libertyville, IL*: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
□ *Orland Park, IL:* 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400