



Patient Name: \_\_\_\_\_  
Patient Phone: \_\_\_\_\_

DOB: \_\_\_\_\_  
SEX: M F

## MEDICAL INFORMATION

**Diagnosis:** G30.0 Alzheimer's disease with early onset  
G30.1 Alzheimer's disease with late onset  
G30.8 Other Alzheimer's disease  
G30.9 Alzheimer's disease, unspecified  
G31.84 Mild cognitive impairment, so stated

Patients weight: \_\_\_\_\_  
Lab Date: \_\_\_\_\_  
Allergies: \_\_\_\_\_

### ALSO INCLUDE...

Clinical/ Progress Notes  
Demographics Sheet  
Current Medications  
Labs  
Insurance Cards

**Z00.6 Leqembi CMS Registration #:** ALTZ \_\_\_\_\_

Date Enrolled (number good for 6 month): \_\_\_\_\_

## LEQEMBI ORDER

### Stage 1: Infusions 1-2

Leqembi 10mg/kg IV every 2 weeks x 2 doses. Each infusion given over 1 hour.

**Needed prior to start:** MRI of brain within one year prior to first infusion.

#### DATE OF MRI:

Beta Amyloid Pathology has been confirmed via CSF or PET.

### Stage 2: Infusions 3-4

Leqembi 10mg/kg IV every two weeks x 2 doses. Each infusion given over 1 hour.

I confirm that the patient has undergone MRI before dose 3. I have reviewed the results and clear the patient to receive doses 3-4.

### Stage 3: Infusions 5-6

Leqembi 10mg/kg IV every 2 weeks x 2 doses. Each infusion to be given over 1 hour.

I confirm that the patient has undergone MRI of brain before dose 5. I have reviewed the results and clear the patient to receive doses 5-6.

### Stage 4: Infusions 7-13

Leqembi 10mg/kg IV every 2 weeks x 7 doses. Each infusion to be given over 1 hour.

I confirm that the patient has undergone MRI of brain before dose 7. I have reviewed the results and clear the patient to receive doses 7-13

### Stage 5: Infusions 14+

Leqembi 10mg/kg IV every 2 weeks for 1 year. Each infusion to be given over 1 hour.

I confirm that the patient has undergone MRI of brain before dose 14. I have reviewed the results and clear the patient to receive dose 14 and beyond

### Additional Information:

## PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI/ TIN: \_\_\_\_\_

Referring Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Patient Name:** \_\_\_\_\_

Please Attach All Insurance Information, front and back

**MEDICAL INFORMATION**

LEQEMBI PRE MEDICATION ORDER BELOW (OPTIONAL)

**LEQEMBI PRE MEDICATION ORDER (OPTIONAL)**

**PreMeds:**

Diphenhydramine IV - Inject 25 - 50 mg IV PRN. Do not give with oral diphenhydramine. Confirm patient is not driving home.

Diphenhydramine 25mg PO - Give 1-2 tablets PO PRN. Do not give with IV diphenhydramine. Confirm patient is not driving home.

Acetaminophen 325/500mg PO - Give 1-2 tablets PO PRN to prevent headache/pain.

Ondansetron 4mg IV - Inject 4mg PRN to prevent nausea. May repeat in 30 minutes to a max dose of 8mg IV total.

**PHYSICIAN INFORMATION**

**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**NPI/ TIN:** \_\_\_\_\_

**Referring Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_