



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: _____