



**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:** \_\_\_\_\_

**ALSO INCLUDE...**

Clinical/ Progress Notes  
Demographics Sheet  
Current Medications  
Labs  
Insurance Cards

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

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:** \_\_\_\_\_