ADVANCED
INFUSION CENTER

Leqembi Order Form

Patient Name: _____DOB: _____Wt.: _____

Diagnosis: _____ICD 10 Code (required)_____

Medication Order: Only one stage of treatment may be ordered at a time.

___ Stage 1 (infusions #1-4); Leqembi 10 mg/kg every 2 weeks x 4 doses.

___Stage 2 (infusions #5 and #6) Leqembi 10 mg/kg every 2 weeks x 2 doses.

___Stage 3 (infusions #7-13) Leqembi 10 mg/kg every 2 weeks x 7 doses.

___Stage 4 (infusions #14 and beyond) Leqembi 10mg/kg every 2 weeks x _____doses.

Required Documentation:

- MRI of the brain within one year prior to first infusion. Beta Amyloid pathology has been confirmed by CSF or PET: yes _____no_____ Date of MRI: _____
- MRI of the brain before dose #5. Results have been reviewed and patient cleared to proceed with infusion #5 and #6: yes _____no_____
- MRI of the brain before dose #7. Results have been reviewed and patient cleared to proceed with infusion #7 and #13: yes _____no_____
- MRI of the brain before dose #14. Results have been reviewed and patient cleared to proceed with infusion #14 and beyond as ordered above: yes _____no_____

Pre-Medications:

___ Acetaminophen PO _____325 mg_____500 mg_____650 mg

___ Loratadine PO 10 mg

___Diphenhydramine PO _____25mg _____50 mg

Nursing Order:

- Infuse Leqembi for one hour.
- 3- hours observation time for 1st dose
- 2-hour observation time for 2nd and 3rd dose
- 30-minute observation time for 4th and beyond

Physician Signature:_____ Date:_____

Physician name (please print): Office Number:_____

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