

- Borough Park**
1428 36th Street
Suite 107
Brooklyn, NY 11218
- Crown Heights**
555 Lefferts Avenue
Brooklyn, NY 11225
- Manhattan**
57W 57 Street
Suite 601
New York, NY 10019
- Manhasset**
333 East Shore Road
Suite 201
Manhasset, NY 11030
- Rockville Centre**
165 North Village Avenue
Suite 133
Rockville Center, NY 11570
- Elmsford/ Terrytown**
555 Taxter Road
3rd Floor
Elmsford, NY 10523
- NYC Central Park West**
115 Central Park West
Suite 15
New York, NY 10023
- Woodbury**
75 Froehlich Farm
Woodbury, NY 11797
- Staten Island**
27 New Dorp Lane
Staten Island, NY 10306



- Manhattan**
225 E 70th Street
Suite 1E
New York, NY 10021
- Queens**
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375
- Manhattan**
225 East 70th Street
New York, NY 10021
- Holbrook/ Ronkonkoma**
233 Union Ave
Suite 207
Holbrook, NY 11741
- Scarsdale**
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583
- 5 Towns**
141 Washington Avenue
Cedarhurst, NY 11559
- Long Beach**
917 Beech Street
Long Beach, NY 11561
- Riverhead**
1228 E Main Street
Suite A
Riverhead, NY 11901
- Bronx**
226 West 238th Street
Bronx, NY 10463

LEQEMBI MEDICATION ORDER Date: _____

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS	
<input type="checkbox"/> New Referral	<input type="checkbox"/> Dose or Frequency Change
<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Discontinuation Order

- **Diagnosis**
- G31.84 Mild cognitive impairment, so stated
- G30.0 Alzheimer's with early onset (at <65y/o)
- G30.1 Alzheimer's with late onset (at ≥65y/o)
- G30.8 Other Alzheimer's disease

- **Details Needed for Therapy**
- Supporting documentation of patient's neurological history, including relevant tests and laboratory results.
- Documentation of the presence of amyloid beta pathology.
- Brain MRI from within the past year. Brain MRI must be provided prior to the 5th, 7th and 14th infusions.
- There is a risk of Amyloid Related Imaging Abnormalities (ARIA). Testing for and clinical evaluation regarding ARIA before and during therapy, and the decision on whether to suspend therapy, remains the sole responsibility of the ordering provider.
- The MRI reports and orderin provider written evaluations must be provided before the start of each round of therapy.**

- **IV Premedication Order (optional)** IV pre-medications to be administered 15 minutes prior to start of the infusion treatment.
- Diphenhydramine _____mg
- Dexamethasone _____mg
- Methylprednisolone _____mg

- **Leqembi (lecanemab-irmb) Medication Order** Patient's height in ft/in: _____ Patient's weight in lbs: _____
- Only one course can be selected per order form.

- 10mg/kg IV every 2 weeks for treatments number 1 – 4
- 10mg/kg IV every 2 weeks for treatments number 7 – 13
- 10mg/kg IV every 2 weeks for treatments number 5 – 6
- 10mg/kg IV every 2 weeks for treatments number 14 – 20

Medication shall be added to a 250ml 0.9% NaCl infusion bag and infused over 1 hour. The IV line shall have a 0.2 micron in-line filter attached. Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms at start, throughout infusion, and after completion.

- **Rescue Management in case of Infusion Therapy Reaction**
- These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress*
- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

ORDERING PROVIDER

Provider's Signature: X Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone Line to Contact Person: _____

- **STANDARD DOCUMENTATION TO INCLUDE:**
- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.