**Boca Raton** 9980 Central Park Blvd Suite 202, N Boca Raton, FL 33428





## LEQEMBI MEDICATION ORDER Date: \_\_\_\_\_

	PA	TIENT INFORMATION		
Name:		DOB:		
Allergies:		Date of Referral:	Date of Referral:	
		DEFENDAL CTATUS		
□New Referral □ [	Doco or Eroquancy Change	REFERRAL STATUS  ☐ Order Renewal ☐ Discont	inuation Order	
□New Referrar □ 1	Dose or Frequency Change	□ Order Kerlewal □ Discont	inuation Order	
<ul> <li>■ Diagnosis</li> <li>□ G31.84 Mild cognitive impairment, so stated</li> <li>□ G30.0 Alzheimer's with early onset (at &lt;65y/o)</li> </ul>			☐ G30.1 Alzheimer's with late onset (at 65y/o)☐ G30.8 Other Alzheimer's disease	
<ul> <li>Documentation of th</li> <li>Brain MRI from with</li> <li>There is a risk of Am during therapy, and</li> </ul>	ation of patient's neurologic he presence of amyloid beta in the past year. Brain MRI yloid Related Imaging Abno the decision on whether to	must be provided prior to the 5th, 7th a	and 14th infusions. al evaluation regarding ARIA before and onsibility of the ordering provider.	
■ IV Premedication Ord	ler (optional) IV pre-medic	rations to be administered 15 minutes p	orior to start of the infusion treatment.	
☐ Diphenhydramine	•	·	Methylprednisolonemg	
•	irmb) Medication Order be selected per order form.	Patient's height in ft/in:	Patient's weight in lbs:	
,	•	1 4	weeks for treatments number 7 – 13	
	eeks for treatments number eeks for treatments number		weeks for treatments number $14 - 20$	
Medication shall be adde	ed to a 250ml 0.9% NaCl in	fusion bag and infused over 1 hour. Th	ne IV line shall have a 0.2 micron in-line d symptoms at start, throughout infusion,	
■ Rescue Management	in case of Infusion Therapy	Reaction		
These include fever, c and respiratory distres		, itching, swelling, edema, nausea, von	niting, abdominal pain, hypotension,	
<ul> <li>Follow standing read</li> </ul>	tion orders, including diphe	e infusion at 50 ml/hr. Call ordering pro enhydramine, methylprednisolone, albu valent and call 911. Repeat if severe sy	uterol and oxygen as needed.	
ORDERING P	PROVIDER			
Provider's Signature: X		Name:	Date:	
Phone:	Fax:	NPI #:	License:	
Best Contact Perso	n 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.