Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Sheepshead Bay
2546 East 17th Street
Fl, 1
Brooklyn, NY 11235

Bronx
226 West 238th Street
Bronx, NY 10463

Forest Hills
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Long Island City
36-36 33rd
Suite 311
Long Island City, NY 11106

Massapequa
97 Grand Avenue
Massapequa, NY 11758

NYC

E 56th & Park Midtown
120 East 56 Street
Suite 300
New York, NY 10022

FIDI
30 Broad Street
Suite 401
New York, NY 10004

Gramercy
7 Gramercy Park West
Lower Level
New York, NY, 10003

E 70th St Upper East Side
225 E 70th Street
Suite 1E
New York, NY 10021

Central Park West
115 Central Park West
Suite 15
New York, NY 10023

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

Mission Medical

Tarrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Port Jefferson
12 Medical Drive
Suite B
Port Jefferson Station, NY 11776

Staten Island
27 New Dorp Lane
Staten Island, NY 10306

Southampton
625 Hampton Road
Southampton, NY 11968

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Holbrook
233 Union Avenue
Suite 207
Holbrook, NY 11741

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

New Hyde Park
1991 Marcus Ave
Suite 110
Lake Success, NY, 11042

Woodbury
7600 Jericho Tpke,
Lower Level, Suite C500
Woodbury NY 11797

LEQEMBI MEDICATION ORDER

Date: _____

PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS

☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal ☐ 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 5 – 6
☐ 10mg/kg IV every 2 weeks for treatments number 7 – 13
☐ 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.