

PATIENT DEMOGRAPHICS

Patient Name: _____ DOB: _____ Phone: _____
 Address: _____ City/ST/Zip: _____
 Allergies: _____ ☐ NKDA Weight: _____ ☐ lbs ☐ kg Height: _____ ☐ in ☐ cm
Patient Status: ☐ New to Therapy ☐ Dose or Frequency Change ☐ Order Renewal

INSURANCE INFORMATION: Please attach copy of insurance card (front and back).

DIAGNOSIS*

***ICD 10 Code
Required**

Mild Alzheimer's Disease Dementia

- ☐ Alzheimer's disease with early onset, G30.0
☐ Alzheimer's disease with late onset, G30.1
☐ Other Alzheimer's disease, G30.8
☐ Alzheimer's disease, unspecified, G30.9

Mild Cognitive Impairment due to Alzheimer's Disease

- ☐ Mild cognitive impairment, G31.84

Secondary diagnosis ☐ For Medicare: must include ICD10 Z00.6

INFUSION ORDERS

MEDICATION	DOSE	DIRECTIONS/DURATION
Leqembi® (lecanemab-irmb)	_____ mg (10 mg/kg)	☐ Infuse IV over 1 hour once every 2 weeks x 1 year For patients who have completed 18 months of therapy at Q2W frequency: ☐ Infuse IV over 1 hour once every 4 weeks x 1 year ☐ Observe patient for 4 hours after infusion 1, for 2 hours after infusions 2-6, and if no reactions for 30 minutes for all subsequent infusions.

Is patient currently receiving therapy above from another facility?

☐ Yes ☐ No

If yes, Facility Name: _____

Date of last treatment: _____ Date of next treatment: _____

PRE-MEDICATION ORDERS

- ☐ No premeds ordered at this time
☐ Acetaminophen 650mg PO ☐ Diphenhydramine 25mg PO
☐ Methylprednisolone 40mg IVP -OR- ☐ Hydrocortisone 100mg IVP
☐ Other: _____

LAB ORDERS

- Labs to be drawn by:** ☐ Infusion Center ☐ Referring Physician
☐ No labs ordered at this time
☐ CBC w/diff and Platelets q _____ ☐ CMP q _____
☐ Other: _____

REFERRING PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____
 Physician Name: _____ NPI: _____ TIN: _____ Specialty: _____
 Address: _____ City/ST/Zip: _____
 Contact Person: _____ Phone #: _____ Fax #: _____
 Email Where Follow Up Documentation Should Be Sent: _____

REQUIRED CLINICAL DOCUMENTATION

Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.

Clinical Information, select all that apply:

- ☐ The patient has been diagnosed with Alzheimer's disease. Date of clinical diagnosis (required): _____
☐ The patient has documented mild cognitive impairment or mild dementia stage of Alzheimer's disease.
 Please indicate method(s) for assessment and attach copy:
 ☐ Montreal Cognitive Assessment (MoCA) ☐ Alzheimer's Disease Assessment Scale (ADAS-Cog14)
 ☐ Mini-Mental State Exam (MMSE) ☐ St. Louis University Mental Status Exam (SLUMS)
 ☐ Other: _____
☐ The patient's functional abilities have been assessed.
 Please indicate method(s) for assessment and attach copy:
 ☐ Functional Activities Questionnaire (FAQ) ☐ Alzheimer's Disease Cooperative Study – Activities of Daily Living Inventory Scale (ADCS-ADL-MCI)
 ☐ Functional Assessment Staging Tool (FAST)
 ☐ Other: _____
☐ A Clinical Dementia Rating-Global Score (CDR-GS) was completed. **Please attach copy of assessment form.**
☐ The patient has a positive biomarker for beta amyloid plaques.
 ☐ Amyloid positron emission tomography (PET) scan ☐ Other: _____
 ☐ Cerebrospinal fluid (CSF) testing
☐ The patient has a recent (within one year) brain MRI scan. Date of MRI: _____
 ***Referring provider is responsible for scheduling and obtaining an MRI prior to the 3rd, 5th, 7th, and 14th infusions.**
☐ A genotype testing for ApoE ε4 status was completed. **Please attach copy of test result.**
☐ The patient will not be receiving anticoagulation therapy or antiplatelets while on Leqembi®.
 If currently on anticoagulants or antiplatelets, please specify drug and dose: _____

LAB AND TEST RESULTS (required)

☐ Amyloid PET scan ☐ CSF biomarker results ☐ MRI brain scan ☐ ApoE ε4 status results ☐ Other: _____
 For Medicare patients: ☐ Referring practice to complete CED Study Registry submission; Initial Registry #: ALZH-_____
 ☐ Healix Infusion Care to submit and manage CED Study Registry submission on behalf of referring provider/practice