

Leqembi® (lecanemab-irmb) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.
Fax completed form, insurance information and clinical documentation to 414-260-7368.

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Height: _____ inches cm Weight: _____ lbs kg

Clinical Information

Primary Diagnosis Description: _____ ICD-10 Code(s): _____

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
- Baseline brain MRI. Brain MRI must be provided prior to the 5th, 7th and 14th infusions.

Leqembi® (lecanemab-irmb) Prescription

Leqembi® (lecanemab-irmb) refill as directed x 1 year

- Infuse 10mg/kg (_____ mg) IV every 2 weeks.

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. Using a 50ml NS IV bag, flush IV tubing with NS 10 to 20 mL after each infusion.

MRI reports and ordering provider written approval to continue must be provided before starting the 5th, 7th and 14th dose.

Ancillary Orders

Anaphylaxis Orders

- Treat per Froedtert Home and Specialty Infusion protocol.

Medication Orders

- Other _____

IV Access and Flush Orders: RN to access and monitor venous infusion line as indicated below:

- Peripheral: Flush with 0.9% NS - 10 ml pre/post-use.
 Implanted Port or PICC: Flush with 0.9% NS - 10 ml pre/20 ml post-use and 10 ml pre/20 ml post-lab

Lab Orders

- No labs ordered at this time.
 Other: _____

**Skilled nurse to assess and administer via access device as indicated above. Nurse will provide ongoing support as needed.
Refill above ancillary orders as directed x 1 year.**

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Prescriber Signature _____ Date _____ Time _____

Prescriber Name _____ Phone _____ Fax _____

Address _____ NPI _____

City, State, Zip _____ Office Contact _____



Original - Medical Records

Froedtert Home and Specialty Infusion
N86 W12999 Nightingale Way
Menomonee Falls, WI 53051
262-532-5040