

## **INFUSION & MEDICAL CENTER**

Patient Name	DOB	Patient Phone/Cell #	
Patient demographic and insurance inf	ormation to be fa	faxed with Infusion Order Form	
Medical Information (Please select primary di	agnosis and coi	mplete ICD10 Code):	
Primary Diagnosis: Alzheimer's disease witl	n early onset	ICD-10 Code: G30.0	
Alzheimer's disease witl	h late onset		
Other Alzheimer's disea	se		
Alzheimer's disease uns	pecified	ICD-10 Code: G30.9	
	•	ICD-10 Code: G31.84	
Allergies:		(or attach	ı list)
Clinical Information – Please fax with Infusion	Order Form:		
<ul> <li>Clinical notes and test supporting primary diagr</li> </ul>	nosis		
Recent Lab Results including		Weight:	bs.
<ul> <li>Including recent MRI results (within one year</li> </ul>	)	<b>Height:</b> _ i	n.
	•		
Medication List			
LEOEMBI™ (I	ecanemab-irr	<b>mb)</b> Code: J0	)174
		,	
Administer 10 mg/kg (mg) IV over one hou	ır every 2 weeks	# Refills (Recommend 25 R	efills)
**MRIs should be performed at baselin	e & prior to the 5t	th, 7th, and 14th infusion**	
Pre-Medication Orders:			
No Pre-medications are recomme	ended based on n	manufacturer guidelines.	
Adverse Drug Reaction Protocol: Manage any adve	rse reaction that r	may occur per approved ADR Protocol.	
, , ,			
Physician Signature:	/	Date:	
Dispense as written			
Drinted Dhysician's Name with Credentials		NDI	
	Medical Information (Please select primary di Primary Diagnosis: Alzheimer's disease with Alzheimer's disease with Alzheimer's disease with Alzheimer's disease with Alzheimer's disease uns Mild cognitive impairmed Allergies: Mild cognitive impairmed • Clinical Information − Please fax with Infusion • Clinical notes and test supporting primary diagr • Recent Lab Results including • Including recent MRI results (within one year • Confirmed presence of amyloid pathology • Medication List  LEQEMBI ™ (Information Presented at baseling Pre-Medication Orders: No Pre-medications are recommended and the properties of the	Patient demographic and insurance information to be in Medical Information (Please select primary diagnosis and considerable primary Diagnosis: Alzheimer's disease with early onset Alzheimer's disease with late onset Other Alzheimer's disease Alzheimer's disease Alzheimer's disease unspecified Mild cognitive impairment, so stated Allergies: Alzheimer's disease unspecified Mild cognitive impairment, so stated Allergies: Clinical Information - Please fax with Infusion Order Form:  • Clinical notes and test supporting primary diagnosis • Recent Lab Results including Including recent MRI results (within one year) • Confirmed presence of amyloid pathology • Medication List  LEQEMBI ™ (lecanemab-ir Drug Order:  Administer 10 mg/kg ( mg) IV over one hour every 2 weeks **MRIs should be performed at baseline & prior to the 5 Pre-Medication Orders: No Pre-medications are recommended based on the sysigning this form and utilizing these services, I ame to serve as my prior authorization agent with medical and Physician Signature: / Dispense as written /	Patient demographic and insurance information to be faxed with Infusion Order Form  Medical Information (Please select primary diagnosis and complete ICD10 Code):  Primary Diagnosis: Alzheimer's disease with early onset

FAX ALL INFORMATION CENTRAL FAX 803.999.1754

**INFUSION CENTER LOCATIONS** 

BERKELEY CHARLESTON COLUMBIA GREENVILLE CENTRAL INTAKE PHONE 803.999.1760