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South Plains  
Infusion

# LEQEMBI (lecanemab-irmb)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F  Patient

Weight  
\_\_\_\_\_ lbs

Phone #1 : \_\_\_\_\_ (H/W/C) Phone #2: \_\_\_\_\_ (H/W/C) \_\_\_\_\_ kg

Allergies: \_\_\_\_\_

### PRE-MEDICATION ORDERS

- Tylenol 500-1000mg PO PRN
- Solu-Cortef \_\_\_\_\_ mg SIVP
- Benadryl 25mg PO PRN

### Diagnosis (ICD-10):

- G30.0 Alzheimer's Disease with Early Onset **OR**
- G30.1 Alzheimer's Disease with Late Onset **OR**
- G30.8 Other Alzheimer's Disease
  - + Either  F02.80 Dementia without Behavioral Disturbance **OR**
  - F02.81 Dementia with Behavioral Disturbance
- G31.84 Mild Cognitive Impairment, so Stated
- Other: Code: \_\_\_\_\_ Description: \_\_\_\_\_

### LEQEMBI ORDER:

- 10mg/kg every 2 weeks
- \_\_\_\_\_ mg/kg every \_\_\_\_\_ weeks

**REQUIRED: PET scan or CSF results with amyloid beta confirmation, recent MRI of brain (within past year), results of cognitive assessment, and a letter of medical necessity.**

**REQUIRED: Repeat Brain MRI must be obtained prior to infusion 5, 7, and 14.**

NOTES:

### ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please FAX:  Medication Order  Demographics  Clinicals  Labs  X-Rays  
to 1-806-302-1241 (must dial "1")