NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Leqembi (Lecanemab) Order Form–J0174

Patient Name	Middle	Last	DOB

Diagnosis	Diagnosis Code

Height (cm)	Actual Weight (kg)	Allergies

- Prior to initiation of therapy:
  - Documentation of brain MRI (within one year) is required.
  - Apolipoprotein E ε4 (ApoE ε4) status testing
- Brain MRIs are also required prior to doses 5, 7, and 14.

LEQEMBI DOSING:

◯ 10mg/kg IV every 2 weeks

Orders valid through: _____

LEQEMBI ADMINISTRATION:

- Administer over 60 minutes through an IV line containing a 0.22 micron, in-line filter.

In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name			Provider Signature
Date	Phone	Fax	Pager