Lecanemab (Leqembi) *1st and 2nd infusion only*

Provider Order Form *v. 5/2026*

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

Patient Address:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Provide nursing care per Baptist Nursing Procedures, including reaction management and post-procedure observation

☑ Provide supporting clinical documentation including:

- o Positive amyloid beta pathology testing (Amyloid Beta PET Scan or biomarker testing)
- o Clinical documentation including a neurologic evaluation supporting accurate diagnosis and eligibility of mild cognitive impairment or mild dementia. Ex: Mini Mental Status Exam (MMSE)
- o ARIA MRI Classification Criteria: If ≥ 5 new incident microhemorrhages or > 2 new focal areas of superficial siderosis (indicating moderate radiographic severity for ARIA-H) are observed, treatment will not be initiated until MRI demonstrates radiographic stabilization and symptoms, if present, resolve. If any of the following are noted: FLAIR hyperintensity >5 cm in a single greatest dimension, more than 1 site of involvement, gyral swelling or sulcal effacement (indicating moderate radiographic severity for ARIA-E), treatment must be suspended until MRI demonstrates radiographic resolution and symptoms, if present, resolve

☐ **I, the prescribing provider, am responsible for ordering and reviewing all MRIs of the brain for this patient. By checking this box, I acknowledge that I have obtained and reviewed a baseline (within 1 year) MRI and communicated the results to the patient or his/her legal guardian. Baptist Memorial Healthcare is safe to proceed with the patient's lecanemab (Leqembi) infusion**

REQUIRED DOCUMENTATION

Referring providers must register patients with Medicare and Medicare Advantage in the CMS registry and provide proof of registration prior: https://qualitynet.cms.gov/alzheimers-ced-registry/submission

Attach proof of CMS Registry Confirmation or provide below:

Issue Number: ALZH-_____

Date of Submission: _____

THERAPY ADMINISTRATION

☑ **Lecanemab** (Leqembi) intravenous infusion FIRST & SECOND INFUSION

NOTE: Baptist will pursue an authorization per the dosing schedule outlined in the manufacturer's PI. However, a new order and subsequent MRIs of the brain must be completed and reviewed prior to the 3rd, 5th, 7th and 14th infusions

- Dose: 10 mg/kg
- Frequency: every 2 weeks for 2 doses
- Rate: over 60 minutes

SPECIAL INSTRUCTIONS

In addition to this form, please also provide the following:

- Most recent providers note, with appropriate ICD-10 diagnosis code
- Most recent labs
- Supporting clinical documentation listed above

Provider Name (Print) **Provider Signature (wet ink)** **Date**

Baptist Infusion Center Fax Numbers

☐ **Anderson: 601-553-6743**	☐ **Grenada: 662-294-9104**	☐ **New Albany: 662-538-2632**
☐ **Attala: 877-249-1191**	☐ **Huntingdon: 731-986-7092**	☐ **Oxford: 662-636-1696**
☐ **Booneville: 662-538-2632**	☐ **Infect Disease: 901-226-1112**	☐ **Southaven: 901-722-0570**
☐ **Calhoun: 877-249-1191**	☐ **Jackson: 601-973-1608**	☐ **Starkville: 662-338-5240**
☐ **Columbus: 662-244-2803**	☐ **Jonesboro: 870-934-3677**	☐ **Union City: 731-884-1720**
☐ **Covington: 901-383-5571**	☐ **Leake: 601-267-1179**	☐ **Yazoo: 877-249-1191**
☐ **Crittenden: 870-394-7734**	☐ **Malignant Heme: 901-226-3748**	☐ **Hospital for Women (PERCH): 901-227-8998**
☐ **Dyersburg: 731-287-9493**	☐ **Memphis Metro: 901-722-0570**	

Phone Numbers: