



ALZHEIMER'S ORDER FORM

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: ☐ M ☐ F
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Ht: _____ Wt: _____
Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list
☐ NKDA ☐ Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ ZIP: _____

REQUIRED INFORMATION FOR EITHER LEQEMBI AND KISUNLA

☐ **Cognitive Test:** ☐ MMSE or ☐ MoCA or ☐ Other: _____ Score: _____ Date: _____
☐ **Functional Test:** ☐ FAQ or ☐ Katz ADLs or ☐ Other: _____ Score: _____ Date: _____
☐ **Clinical notes** confirming presence of amyloid pathology (amyloid PET scan or +CSF)
☐ **Baseline brain MRI** (within 1 year) prior to initiating treatment
☐ **APOe4 results** (Please attach results, if possible. Required for some insurance plans)

MEDICATION ORDERS

ICD-10 Diagnosis Codes:

☐ **Kisunla:** ☒ Z00.6 ☐ G30.0 ☐ G31.84 ☐ **Leqembi:** ☒ Z00.6 ☐ G30.0 ☐ G31.84
☐ **New to Therapy** ☐ **Continuation of Therapy:** Date of last dose (if applicable): _____

Pre-Medication

☐ Acetaminophen 1000mg PO ☐ Ceterizine 10mg PO ☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg PO ☐ Solu-Medrol 125mg IVP ☐ Diphenhydramine 25mg IVP

Kisunla, IV every 4 weeks

☐ Infusion 1: 350 mg
☐ Infusion 2: 700 mg
☐ Infusion 3: 1,050 mg
☐ Infusion 4 and beyond: 1400mg
☐ MRI prior to 2nd, 3rd, 4th and 7th infusion
☐ Refills: _____

Leqembi, IV every 2 weeks

☐ Leqembi 10mg/kg IV
☐ MRI within approximately 1 week prior to 3rd, 5th, 7th, and 14th infusion
For patients on Leqembi for 18 months or longer
☐ Continue infusions every 2 weeks
☐ Maintenance infusions every 4 weeks
☐ Refills: _____

Sage Infusion Standing Orders:

☒ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date

Fax Number

☐ **Brandon:** (656) 218-9643
☐ **Clearwater:** (727) 977-9717
☐ **Fort Myers:** (239) 533-5962
☐ **Gainesville:** (352) 450-8886
☐ **Lakeland:** (863) 777-2528

☐ **Ocala:** (352) 565-5228
☐ **Orlando:** (407) 792-6558
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