

Legembi Request Form

2301 Evesham Road, Building 800, Suite 115
Voorhees, New Jersey 08043
T. (856) 996-0145
F. (856) 770-8271 ~ Attn: Stephanie D

Is this a Continuation of Care or a new start to the medication?

- Continuation of Care (Provide documentation of last administration)
 New Rx

DATE:	
REFERRING PROVIDER INFORMATION	
Requesting Provider Name and NPI Tax ID#	Name: NPI: Tax ID#
Fax Number	
Practice Contact (Name/Phone number)	
Email of Contact	
<p><i>We will gladly remind your patient to schedule routine follow-up visits with your office.</i></p> <p>Return to Referring Provider (frequency): EVERY _____ WKS / MOS</p>	
PATIENT INFORMATION	
Patient Name	
Date of Birth	/ /
Height in ft/in: Weight in lbs:	
Insurance(s): include copies of front and back	
Preferred Treatment Location	<input type="checkbox"/> Voorhees <input type="checkbox"/> Moorestown <input type="checkbox"/> Wall/Manasquan <input type="checkbox"/> Sewell <input type="checkbox"/> Hamilton <input type="checkbox"/> Galloway

Primary Care Physician (Name / Phone Number)	PCP Name: PCP Phone Number:
---	--------------------------------

The referring provider is the primary provider responsible for medication management, labs, scripts, and the patient's treatment plan.

Diagnosis:

- G31.84 Mild cognitive impairment, so stated
- G30.0 Alzheimer's with early onset (at <65y/o)
- G30.1 Alzheimer's with late onset (at 65y/o)
- G30.8 Other Alzheimer's disease

The following information is required for authorization for persistent Leqembi:

- Supporting documentation of the patient's neurological history, including relevant tests and laboratory results.
- Documentation of the presence of amyloid beta pathology.
- Brain MRI from within the past year. **Brain MRI must be provided prior to the 5th, 7th and 14th infusions.**
- There is a risk of Amyloid Related Imaging Abnormalities (ARIA). Testing for and clinical evaluation regarding ARIA before and during therapy, and the decision on whether to suspend therapy, remains the sole responsibility of the ordering provider. **The MRI reports and ordering provider written evaluations must be provided before the start of each round of therapy.**

PLEASE NOTE:

- Please include a copy of RX to this document when transmitting to ARBDA/IDYLLIC. Prescription should include standard information as well as specific instructions if loading doses of desired RX is required.
 - **** NOTE **** Please do NOT provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
 - *OUR OFFICE WILL PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS*
 - *Our office will obtain all necessary prior authorizations required and any copay assistance if qualified.*
- Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment.
- **!! IMPORTANT !!** *Please notify our office if the medication is discontinued.*

- Patient has been educated by ordering provider on medication.

Ordering Provider Signature: _____