

LEQEMBI (lecanemab-irmb) Infusion Orders

Patient Name: _____ DOB: _____ M F

NKDA Allergies: _____

New Start therapy Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider: _____ Provider NPI: _____

Practice Phone: _____ Practice Fax: _____

Diagnosis *(please provide ICD-10 code):*

_____ Alzheimer's Disease

Z00.6 Required CMS Code

Pre-Medication:

- Tylenol 1000mg PO Solu-Medrol 125mg IVP
 Cetirizine 10mg PO Solu-Cortef 100mg IVP
 Diphenhydramine 25mg PO Diphenhydramine 25mg IVP
 Other: _____

Required Documents:

- Patient Demographic Sheet
 Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*
 Brain MRI & Date *(must be w/in 1 year)*
 MoCA Score *(or another cognitive test)*
 FAQ Score *(or another functional test)*
 Patient enrolled in *CMS National Patient Registry* and ID# provided.

LEQEMBI ORDERS:

Dosing: Mix in 250ml 0.9% sodium chloride and administer over 1 hour

10mg/kg IV

Pt. weight: _____
(ensure unit of measure is noted)

Frequency: Every 2 weeks

Refills: _____ *(if not indicated, Rx will expire one year from date signed)*

Monitoring: Ensure brain MRI obtained prior to 5th, 7th, and 14th infusions due to risk of ARIA.

Red River Health Standing Orders:

- Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. **Copy can be provided per request.*

Ordering Provider Signature: _____ Date: _____