

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)*
☒ ApOE4 results
☒ 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: _____