



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: ____/____/____

Date of Last Infusion: ____/____/____ Height ____ Weight ____

Allergies: _____ Infusion Location (state and site): _____

Leqembi (lecanemab-irmb) Infusion Orders

Diagnosis (add ICD-10 code)

| | |
|---------------------------|--------------------|
| _____ Alzheimer's Disease | _____ Other: _____ |
|---------------------------|--------------------|

REQUIRED INFORMATION FOR MEDICARE:

____ Z00.6: Encounter for examination for normal comparison and control in clinical research program

Medicare Trial Registry Number: _____

| | |
|---|---|
| PREMEDICATION Orders: | |
| <input type="checkbox"/> Tylenol 500mg PO | <input type="checkbox"/> Loratadine 10mg PO |
| <input type="checkbox"/> Tylenol 650mg PO | |
| <input type="checkbox"/> Pepcid 20mg PO | <input type="checkbox"/> Benadryl 25mg PO |
| <input type="checkbox"/> Pepcid 20mg IVP | <input type="checkbox"/> Benadryl 25 mg IVP |
| | <input type="checkbox"/> Benadryl 50mg PO |
| | <input type="checkbox"/> Benadryl 50mg IVP |
| <input type="checkbox"/> Solumedrol 40 mg IVP | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Solumedrol 125mg IVP | |

THERAPY ADMINISTRATION & DOSING:

- Administer Leqembi 10mg/kg x _____ kg = _____ mg IV Every 2 weeks, Infuse in 250ml 0.9% NS over 1 hour
- Flush the IV line with normal saline to make sure all medication is infused
- Dosing Weight: _____ kg

NURSING:

- Hold infusion and notify provider for:
 - Hold if amyloid beta pathology has not been confirmed
 - Abnormal vital signs
 - No brain MRI results in chart (need MRI within one year of starting treatment, and prior to 5th, 7th, and 14th infusion)
 - Signs of Amyloid Relating Imaging Abnormalities (ARIA) as reported on MRI results
 - New or worsening headache or altered mental status
- Record Vital signs before infusion and then every 30 minutes until patient discharge
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation
- To report suspected adverse reactions, contact FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

ADDITIONAL ORDERS:

LABORATORY ORDERS:

Other: _____

Provider Name (print) _____ Date: _____

Provider Signature: _____ Time: _____