

# LEQEMBI (lecanemab-irmb) ORDER FORM

Date: \_\_\_\_\_

PATIENT INFORMATION	
Name:	DOB: SEX: M <input type="checkbox"/> F <input type="checkbox"/>
Phone:	Preferred Location:
PROVIDER INFORMATION	
Ordering Provider:	Provider NPI:
Referring Practice Name:	Phone: Fax:
Office Contact:	Address:
Email (required):	
REFERRAL STATUS	
<b>Check One:</b> <input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Updated Order <input type="checkbox"/> Transfer of care – Date of last infusion/Next due date	
<b>LEQEMBI:</b> Leqembi is indicated for the treatment of Alzheimer’s disease (AD). Treatment with Leqembi should be initiated if patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in the clinical trials. Please note MRIs to assess for ARIA are required <b>prior to doses 3, 5, 7, and 14 and must be sent to Thrivewell</b> with an updated order for the appropriate dose set marked in order for patients to be cleared to proceed with treatment. Failure to provide the required MRI report at least 24hrs prior to the patient’s scheduled appointment may result in delay in care for the patient.	
<b>■ Diagnosis ICD-10</b> <b>Check one:</b> <input type="checkbox"/> G31.84 Mild Cognitive impairment, so stated <input type="checkbox"/> G30.0 Alzheimer’s Disease with early onset <input type="checkbox"/> G30.1 Alzheimer’s Disease with late onset <input type="checkbox"/> G30.8 Other Alzheimer’s Disease <input type="checkbox"/> G30.9 Alzheimer’s Disease, unspecified	<b>PATIENT WEIGHT</b> ____ lbs. ____ kg Therapy Administration and Dosing (supplied as 200mg/2mL or 500mg/5mL vial) All patients will be weighed prior to every infusion and medication will be administered according to that weight, diluted in 0.9% NS IVPB over 1 hour. <b>ONLY ONE DOSE SET CAN BE SELECTED AND A NEW ORDER WILL BE REQUIRED FOR EACH SUBSEQUENT SET</b> <input type="checkbox"/> Doses #1 – 2: 10mg/kg IV every 2 weeks <input type="checkbox"/> Doses #3 – 4: 10mg/kg IV every 2 weeks <input type="checkbox"/> Doses #5 – 6: 10mg/kg IV every 2 weeks <input type="checkbox"/> Doses #7 – 13: 10mg/kg IV every 2 weeks <input type="checkbox"/> Doses #: _____: 10mg/kg IV every 2 weeks MAINTENANCE DOSING (CAN ONLY BE SELECTED ONCE PATIENT HAS COMPLETED 18 MONTHS OF STANDARD DOSING AT THE 2 WEEK INTERVAL PER THE PI) <input type="checkbox"/> Doses #: _____: 10mg/kg IV every 4 weeks
<b>■ Premeds</b> <b>Select all that apply:</b> <input type="checkbox"/> Acetaminophen ____mg PO (recommended for first 6 doses) <input type="checkbox"/> Cetirizine 10mg PO <input type="checkbox"/> Diphenhydramine (check all that apply) ____25mg ____50mg ____PO ____IV <input type="checkbox"/> Methylprednisolone ____mg IV <input type="checkbox"/> SoluCortef ____mg IV <input type="checkbox"/> Other: _____	
REQUIRED CLINICAL DOCUMENTATION CHECKLIST:	
____ Demographics page with insurance info ____ Progress note with cognitive testing within the last 6 months ____ Patient’s recent weight ____ Amyloid PET scan or CSF results with amyloid confirmation	____ MRI of the brain within the last year ____ If Medicare patient, Alzheimer’s Registry number (i.e. ALZH-00000)

**Please indicate here any preferred variation from standard orders including longer infusion times, less doses, etc.:** \_\_\_\_\_

• All patients will be kept for 30 minutes of monitoring following completion of the first infusion and then on a case-by-case basis subsequently for any clinical issues.

**Additional Orders: By signing this order, you agree to the following orders unless otherwise noted.**

- Hold infusion and notify provider if patient reports: Headache, dizziness, nausea, vision changes, new or worsening confusion, balance concerns, or change in mentation.
- Infusion/allergic reactions may be managed by clinical staff in real time per facility protocol. The prescriber's office will be notified in real time of any infusion reactions.

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notes/Additional Comments:** \_\_\_\_\_