

# Leqembi™ (Lecanemab-irmb)

Provider Order Form rev. 8/10/2023

## PATIENT INFORMATION

Referral Status (check one):  New Referral  Updated Order  Order Renewal

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_ Weight \_\_\_\_\_ Please specify:  lbs  kg Height: \_\_\_\_\_

Patient Status (check one):  New to Therapy  Continuing Therapy | Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_

**REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**

## PRESCRIPTION

- Provide nursing care per AdaptIV Infusion Nursing Procedures, including reaction management and post-procedure observation
- Medicare Registry # \_\_\_\_\_

### DIAGNOSIS:

- G30.0 Alzheimer's Disease, Early Onset
- G30.1 Alzheimer's Disease, Late Onset
- G30.8 Other Alzheimer's disease
- G30.9 Alzheimer's disease, unspecified
- G31.84 Mild Cognitive Impairment, So Stated

### G30.X codes require secondary F02.8X code BELOW:

- F02.80 Dementia without behavioral disturbance
- F02.81 Dementia with behavioral disturbance

### PRESCRIBER MUST INDICATE THE FOLLOWING REQUIREMENTS HAVE BEEN MET (PLEASE PROVIDE DOCUMENTATION):

- Beta Amyloid Pathology Confirmed Via:
  - Amyloid PET Scan Date: \_\_\_\_\_
- OR**
- CSF Analysis Date: \_\_\_\_\_ Result: \_\_\_\_\_
- Cognitive Assessment Used:
  - Date: \_\_\_\_\_ Result: \_\_\_\_\_
- ApoE E4 Genetic Test: Date: \_\_\_\_\_
  - Result:  Homozygote  Heterozygote  Noncarrier

### PRE-INFUSION:

- Confirm baseline MRI results prior to initiation of treatment.
- Confirm MRI completed and reviewed by prescriber prior to the 5th, 7th, and 14th treatment.
- Measure and record weight prior to each treatment to determine dose.
- Hold infusion and notify provider if patient reports:
  - Headache
  - Vision changes
  - Dizziness
  - New or worsening confusion
  - Nausea

### MEDICATION:

- Administer LEQEMBI 10 mg/kg intravenously over at least 60 minutes.
- Dilute required volume of lecanemab-irmb in 250 ml 0.9% sodium chloride and infuse using a terminal low-protein binding 0.2-micron in-line filter.
- If infusion-related reaction occurs, stop infusion and treat per orders/protocol as clinically indicated.

### TREATMENT FREQUENCY:

- Schedule treatments every two weeks (at least 14 days apart).

### POST-INFUSION:

- Educate patient/care partner to report headache, dizziness, nausea, vision changes, or new/worsening confusion.
- Fax treatment notes to provider at number below.

## SPECIAL INSTRUCTIONS

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date