



## Leqembi (lecanemab) Infusion Order Form

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

### Diagnosis and ICD 10 Code (Required)

- Alzheimer's Disease with Early Onset    ICD 10 Code: G30.0     Other Alzheimer's Disease    ICD 10 Code: G30.8
- Alzheimer's Disease with Late Onset    ICD 10 Code: G30.1     Alzheimer's Disease Unspecified ICD 10 Code: G30.9
- Other \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

### Required Labs (within 3 months & attach results)

ApoE E4 status    Results \_\_\_\_\_  
 CBC    Results \_\_\_\_\_  
 CMP    Results \_\_\_\_\_

### Required Tests (within 12 months & attach results)

MRI's should be performed at baseline & prior to the 5<sup>th</sup>, 7<sup>th</sup> and 14<sup>th</sup> infusion

Notes: \_\_\_\_\_  
\_\_\_\_\_

### Pre-Medication Orders

Acetaminophen (Tylenol)     500mg     650mg     1000mg     PO  
 Diphenhydramine (Benadryl)     25mg     50mg     PO     IV  
 Methylprednisolone (Solu-Medrol)     125mg     IV  
 Ondansetron (Zofran)     4mg     8mg     PO     IV  
 Other: \_\_\_\_\_ Route: \_\_\_\_\_  
 Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

### Nursing

Provide nursing care per Smart Infusion Nursing Procedures, Including reaction management and post-procedure observation.

### Special Instructions / Notes

### Provider Information

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Leqembi Medication Order

**Patient Weight:** \_\_\_\_\_ KG

Dosage

10mg/kg IV every two weeks

Frequency

Every 6 months     Every 12 months

Other \_\_\_\_\_

### Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes
- Cognitive Assessment Score \_\_\_\_\_
- MRI of the Brain within 1 year
- Confirmed presence of amyloid pathology (Amyloid PET scan or +CSF )
- CMS National Patient Registry # \_\_\_\_\_