


Leqembi® (lecanemab-irmb) PRESCRIBER ORDER FORM

Fax completed form, insurance information, and clinical documentation to: (800) 689-3147

	Patient Name:		Date of Birth:	
	Address:			
	Phone:	Height:	<input type="checkbox"/> Inches <input type="checkbox"/> cm	Weight: <input type="checkbox"/> lbs <input type="checkbox"/> kg

Clinical Information

Primary Diagnosis Description:	ICD-10 Code:
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Details needed for therapy:

- Supporting documentation of patient's neurological history, including relevant tests and laboratory results
- Documentation of the presence of amyloid beta pathology
- Baseline brain MRI. Brain MRI must be provided prior to the 5th, 7th, and 14th infusions.**

Leqembi® (lecanemab-irmb) Prescription

Leqembi® (lecanemab-irmb) refill as directed x 1 year

Infuse 10mg/kg (_____mg) IV every 2 weeks

Medication shall be added to a 250ml 0.9% NaCl infusion bag and infused over 1 hour. The IV line shall have a 0.2 micron in-line filter attached.

Using a 50ml NS IV bag, flush IV tubing with NS 10 to 20 mL after each infusion.

MRI reports and ordering provider written approval to continue must be provided before starting the 5th, 7th and 14th dose.

Ancillary Orders

Anaphylaxis Kit

If this is a 1st dose, would you like Option Care Health to provide an anaphylaxis kit with the 1st dose?

Yes No

Dosage:

- Epinephrine 0.3mg (>30kg), 0.15mg (15 to 30kg), or 0.01 mg/kg (<15kg) SQ or IM x 1; repeat x1 in 5 to 15 min PRN.
- Diphenhydramine 25mg (>30kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.
- Normal saline 500mL (>30kg) or 250mL (≤30kg) IV at KVO rate PRN anaphylaxis. Patients ≤30kg, infuse over 2 to 4 hours PRN headache rated >5 on pain scale.

Medication Orders

Other: _____

IV Flush Orders

Peripheral: NS 2-3 mL pre-/post-use

Implanted Port: NS 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed. If unable to obtain implanted port access, it is acceptable to establish a peripheral IV access and administer peripherally.

Lab Orders

No labs ordered at this time.

Other: _____

Skilled nurse to assess and administer via access device as indicated above. Nurse will provide ongoing support as needed.

Pulse ox monitoring during infusion. Call MD if O₂ sat is below _____

Refill above ancillary orders as directed x 1 year.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature: _____ Date: _____

Prescriber Information

Prescriber Name:	Phone:	Fax:
Address:	NPI:	
City, State:	Zip:	Office Contact:

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