📜 Leqembi (lecanemab-irmb) IV Infusion Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ kg **Height:** _____ cm/in
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ____ / ____ / ____

🔹 Diagnosis (ICD-10 Selection)

☐ G30.0 – Alzheimer's disease with early onset
☐ G30.1 – Alzheimer's disease with late onset
☐ G30.8 – Other Alzheimer's disease
☐ G30.9 – Alzheimer's disease, unspecified
☐ G31.84 – Mild cognitive impairment, so stated
☐ Z00.6 – Encounter for clinical research registry
☐ Other: _____ **ICD-10 Code:** _____

🔹 Infusion Order

☐ 10 mg/kg IV every 2 weeks
☐ Infuse over at least 60 minutes using 0.2-micron low-protein binding in-line filter
☐ Dilute in 250 mL 0.9% sodium chloride
☐ Observation: ☐ 30 minutes post-infusion
☐ Refills: ☐ None ☐ 6 months ☐ 12 months ☐ Other: _____

🔹 Required Imaging

☐ Baseline brain MRI prior to first dose
☐ MRI prior to 5th, 7th, and 14th infusion
☐ Hold infusion if MRI not completed or ARIA findings present

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line ☐ Flush per standard infusion protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☐ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

🔹 Premedication (Recommended for Infusions 1–3)

☐ Acetaminophen: ☐ 650 mg ☐ 1000 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Methylprednisolone: ☐ 125 mg ☐ IV
☐ Ondansetron: ☐ 4 mg ☐ IV ☐ May repeat once
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ CBC ☐ CMP ☐ ApoE ε4 Genotype
☐ Beta-amyloid confirmation via PET or CSF
☐ Cognitive assessment (MoCA, MMSE, CDR, etc.)
☐ Other: _____
Frequency: ☐ Prior to first dose ☐ Prior to specified infusions ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list
☐ MRI reports ☐ Registry enrollment confirmation

🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____