ISLAND INFUSION CENTER

1015 25th Street Building, Upper Level
Anacortes, WA 98221

Phone: 360.299.4200
Fax: 360.299.4237

PROVIDER ORDER FORM

lecanemab-irmb (Leqembi) Infusions

- **Please complete form and fax with latest clinical documentation to 360.299.4237**
- Documentation must include a recent MRI of the brain and confirmation of amyloid beta pathology.
- Testing for ApoE ε4 status should be included for ARIA risk assessment.

Patient Name (First, Middle, Last): _____ D.O.B. _____

Height: _____ ☐ cm ☐ in Weight: _____ ☐ kg ☐ lbs Allergies: _____

Diagnosis: _____ ICD-10 Code: _____

Pre-auth Done? ☐ Not required ☐ Yes Authorization #: _____ Authorization Dates: _____

Medication Orders:

☒ **Lecanemab-irmb (Leqembi):** Infuse 10 mg/kg (actual body weight) IV over 1 hour every _____ weeks

START DATE_____ STOP DATE_____.

- Pharmacy may adjust dose for weight changes and round to the nearest 50 mg.
- Dilute medication in 250 mL 0.9% NS, use a 0.2 micron in-line filter.
- Before the 5th, 7th and 14th dose, an MRI report and prescriber's written approval to proceed must be provided and entered in the patient chart at Island Infusion Center.

☐ Other:

_____

_____

☒ In Case of Infusion Reaction, Orders will be carried out per Island Infusion Center Policy unless crossed out.

- Stop infusion, obtain VS and assessment, call Provider*
- NS 0.9% 1000 mL/hour IV for blood pressure < 100/60.
- O2 per nasal cannula to maintain saturation >92%.
- Diphenhydramine 25 mg IV x1 if patient was premedicated with 25 mg within 2 hours of reaction, otherwise give 50 mg IV x1.
- Methylprednisolone 125 mg IV x1.
- Epinephrine 0.3 mg IM for severe reaction x1. (May repeat x1 in 3-5 minutes for continued severe symptoms.)

☒ Nursing Protocol

- Confirm baseline MRI prior to first treatment
- Verify ApoE ε4 status. Homozygotes are at higher risk of severe ARIA.
- Measure and record weight prior to each treatment to determine dose
- Confirm MRI results and prescriber approval to continue at 5th, 7th and 14th treatment
- Monitor for infusion and hypersensitivity reactions during infusion
- Hold infusion and notify provider for headache, dizziness, nausea, vision changes, confusion, gait difficulty, stroke symptoms, seizures
- Educate patient and caregiver to report the above symptoms, that these symptoms mimic those of ischemic stroke, and to inform all medical providers that she is receiving Leqembi infusions.
- Required FDA medication guide will be provided to patient and caregiver.
- Patient will be instructed to consult with her prescriber before starting any new medications with bleeding risk.

PROVIDER SIGNATURE	**DATE**
PRINT PROVIDER NAME	***PROVIDER EMERGENCY PHONE #**

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