

LEQEMBI (Lecanemab-Irmb) Infusion Orders

Patient Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Gender: _____ Height: _____ Weight: _____ (lb./kg)

Diagnosis

- | | |
|--|---|
| ☐ ___ Alzheimer's Disease (early onset) | ☐ ___ Mild Cognitive Impairment, so stated |
| ☐ ___ Alzheimer's Disease (late onset) | ☐ ___ Dementia with behavioral disturbance |
| ☐ ___ Alzheimer's Disease, unsp | ☐ ___ Dementia w/o behavioral disturbance |
| ☐ ___ Other Alzheimer's Disease | ☐ ___ |

Pre-Medication

- | | |
|--|---|
| ☐ Tylenol 1000mg PO | ☐ Solu-Cortef 100mg IVP |
| ☐ Cetirizine 10mg PO | ☐ Diphenhydramine 25mg IVP |
| ☐ Diphenhydramine 25mg PO | ☐ _____ |
| ☐ Solu-Medrol 125 IVP | ☐ _____ |

Orders

Dosage

- ☐ ___ 10 ___ mg /kg IV over at least 60 minutes
- ☐ Dilute required volume of Leqembi in 250 ml 0.9% sodium chloride and infuse using a terminal low-protein binding 0.2-micron in-line filter.

Frequency

- ☐ every _____ weeks ☐ _____ Refills

Notes

Ordering Provider

Signature: _____ Date: _____

Provider: _____ Phone: _____ Fax: _____

Address: _____

NPI: _____ DEA: _____