Wells Infusion Centers

LEQEMBI ORDER FORM

PLEASE EMAIL COMPLETED FORM AND SUPPORTING DOCUMENTATION TO REFERRALS@WELLSINFUSION.COM. YOU CAN ALSO FAX IT TO 1-570-9INFUSE (1-570-946-3873)

Patient's Name (Last, First, Middle) ________________________________ DOB ________________________

Patient's height in feet and inches ______________________ *Patient's weight in pounds*____________________________

■ Diagnosis

☐ G31.84 Mild cognitive impairment, so stated
☐ G30.0 Alzheimer's with early onset (at <65y/o)
☐ G30.1 Alzheimer's with late onset (at ≥65y/o)
☐ G30.8 Other Alzheimer's disease

■ Details Needed for Approval

- Medical records documenting the level of cognitive impairment are required. (Usually it must be mild for approval.)
- Supporting documentation of patient's neurological history, including relevant tests and laboratory results, all available dementia/impairment scores (such as CDR, MMSE, SLUMS and MoCA), differential diagnoses (ie. DLB, FTD, etc.), and patient counseling related to amyloid-related imaging abnormalities.
- Has the patient had a TIA, stroke or seizure within the past twelve (12) months? ______
- Documentation of the presence of amyloid beta pathology via PET or CSF. If CSF, document why was PET not obtained.
- Brain MRI from within the past year. **Brain MRI must be provided prior to the 5th, 7th and 14th infusions.**
- There is a risk of Amyloid Related Imaging Abnormalities (ARIA). Testing for and clinical evaluation regarding ARIA before and during therapy, and the decision on whether to suspend therapy, remains the sole responsibility of the ordering provider**. The MRI reports and ordering provider written evaluations must be provided before the start of each round of therapy.**
- APOE genotyping results on lab letterhead. (If testing not performed, documentation of patient education re increased ARIA risk must be provided.)
- Will the patient be concurrently treated with other monoclonal therapy such as Aduhelm? ______
- Does the patient have a bleeding disorder which is not currently under control? ______
- If patient will concurrently be on an anticoagulant, please include documentation of counseling that use of Leqembi with such therapy increases risk of cerebral macrohemorrhage and that patient and/or guardian has shared in the decision-making to undergo Leqembi therapy while on anticoagulant therapy.
- For Medicare patients, you must provide the patient's CMS National Patient Registry trial number: ____________

■ Pre-Medication Order (optional)

IV pre-medications to be administered 15 minutes prior to the start of the infusion treatment.

☐ Diphenhydramine ______mg ☐ Dexamethasone ______mg ☐ Methylprednisolone ______mg

■ Leqembi (lecanamab) Medication Order

Note: Only a single course can be selected per order form.

☐ 10mg/kg IV every 2 weeks for treatments number 1-4
☐ 10mg/kg IV every 2 weeks for treatments number 5-6
☐ 10mg/kg IV every 2 weeks for treatments number 7-13
☐ 10mg/kg IV every 2 weeks for treatments number 14-20

Medication shall be added to a 250ml 0.9% NaCl infusion bad and infused over 1 hour. The IV line shall have a 0.2 micron in-line filter attached. Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms at start, throughout infusion, and after completion.

■ Rescue Management in case of Infusion Therapy Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider Signature: ______________________________ Name: ____________________ Date: ______________________

Address: ____

Phone: _________________ Fax: __________________ Indiv. NPI #: _______________ License: __________________

Best Contact Person in Office: ___________________________ Direct Phone to Contact Person: ________________________