BIG SKY IV CARE
Infusion Pharmacy & Nursing
An Access Infusion Care Company

LECANEMAB ORDERS (Leqembi)

REFERRAL CHECKLIST
Please ensure the following information is included with your referral:
☐ Patient Demographics and Contact Information
☐ Patient Insurance Information
☐ Completed H&P and Progress Notes Including Medications and Allergies
☐ Recent Lab Results/Testing/Screenings Supporting the Diagnosis
☐ ApoE εe4 Genetic test
☐ Amyloid beta pathology by PET scan, CSF/Plasma sample, Brain MRI with negative ARIA result
☐ Medicare registry number if applicable
☐ Ensure patient has arrangements for MRIs at the appropriate intervals for treatment
☐ Completed and Signed Referral
Including this information will minimize delays with prior authorizations and ensure timely treatment for your patient. Thank you!

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Print, complete, and fax completed form to (406) 752-0443

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PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name:	Prescriber Name:
Address:	NPI:
City, State, Zip:	Address:
Cell: Email:	City, State, Zip:
Ht: Wt: kg Last 4 of SSN: DOB:	Phone: Fax:
Allergies:	Contact Person:

REFERRAL STATUS ☐ New Referral ☐ Continuation Order ☐ Dose or Frequency Change	
First dose? ☐ Yes ☐ No - Date of last infusion:	Line type: ☐PIV ☐PICC ☐Port ☐Other

DIAGNOSIS
☒ Dx Code/description: Z00.6 Encounter for examination for normal comparison and control in clinical research program.
☐Secondary Dx Code/description:
☐Other Dx Code/description:

REQUIRED DOCUMENTATION ☐ Signed order ☐ Demographics and insurance info ☐ H&P, labs, tests, progress notes supporting dx	
☐ApoE ε4 Genetic test-Date: Result: ☐Homozygote ☐Heterozygote ☐Noncarrier	
☐Amyloid beta pathology by PET scan, CSF/Plasma sample	☐Brain MRI with negative ARIA result-Date:
☐Medicare Beneficiaries- NCT Registry #:	
Brain MRI results and written approval from referring provider must be obtained prior to 3rd, 5th, 7th, and 14th infusion	

PRESCRIBING INFORMATION

PREMEDICATIONS (administer 30 minutes prior to infusion)

Acetaminophen: ☐650mgPO ☐1000mgPO	Methylprednisolone: ☐100mgIV ☐125mgIV ☐ mgIV
Diphenhydramine: ☐25mgPO ☐50mgPO ☐25mgIV ☐50mgIV	Other: ☐

MEDICATION

Medication	Strength	Dose/Directions	Quantity
☒**Lecanemab (Leqembi)**	100mg/mL	☐**Months 0-12: 10mg/kg**-infuse in 250ml 0.9%NS IV over 60 minutes every 2 weeks (hold infusion #3, #5, and #7 for MRI results) ☐**Months 13-18: 10mg/kg**-infuse in 250ml 0.9%NS IV over 60 minutes every 2 weeks (hold infusion #14 for MRI results) ☐**Months 19+: 10mg/kg**-infuse in 250ml 0.9%NS IV over 60 minutes every 4 weeks	☒#sufficient for weight-based dose Refills:

Use current documented weight; round calculated dose to nearest vial size +/- 10% of dose.
If not specified, order will be valid for 1 year from the date of signature.

OBSERVATION

Observe the patient for 30 minutes after the 1st infusion, no observation for subsequent infusions if no IRRs

NURSING INSTRUCTIONS/EMERGENCY MEDICATION

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guidelines Post-Infusion:Use 50ml0.9%NS to flush residual priming volume	PIV:Flush 3-10mL0.9%NS before/after PICC/Midline/Port:Flush 10mL0.9%NS before/after, then 3mLHeparin 10u/mL(PICC/Midline)/ 5mLHeparin 100u/mL(Port) final

Administer the following medications as needed for infusion-related reactions per company protocol:
Adults>40kg: Diphenhydramine25-50mgPO or IVP(2-5min); Acetaminophen325-650mgPO; Methylprednisolone125mgIVP(≥5min); Epinephrine0.3mgIM/SQ, may repeat×1; 0.9%NS500mL IV over 30-60min, may repeat×1 for hypotension.
Pediatrics/Adults<40kg: Diphenhydramine25mgPO or IVP(2-5min); Acetaminophen325mgPO; Methylprednisolone40mgIVP(≥5min); Epinephrine0.15mg(<30kg)/0.3mg(>30kg)IM/SQ, may repeat×1; 0.9%NS500mL IV over 30-60min, may repeat×1 for hypotension.
Oxygen(AIC/AIS only):1-6L/min via NC/face mask; titrate to maintain SpO_2 95-100%.

Prescriber Signature X: _____ **Date:** _____

☐**Product Substitution Permitted** ☐**Dispense as Written**

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