

Lecanemab-irmb (Leqembi)

Infusion Therapy Plan Orders

Page 1 of 2

Name: _____
Kaiser Permanente Member I.D. #: _____
Date of Birth: _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers at the end of this protocol).

Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all the following:

Pre-Service Authorization has been obtained by Kaiser Permanente Fax: 1-888-282-2685 Voice: 1-800-289-1363

Order Date: _____	Diagnosis ICD-10 code (REQUIRED): _____
Weight: _____ kg	ICD-10 description: _____

General Plan Communication

Special instructions/notes: _____

Provider Information

- Testing for ApoE status should be performed prior to initiation of treatment to inform the risk of developing amyloid related imaging abnormalities (ARIA).
- Obtain baseline MRI and prior to the 5th, 7th and 14th infusions.

Lab Review

- Baseline labs before initial treatment:
 - Pregnancy test in women of child-bearing potential
- Additional Treatment Evaluations:
 - Prior to initial treatment: Apolipoprotein E (ApoE) genotyping, Brain MRI

Infusion Therapy

Lecanemab-irmb 10 mg/kg in Sodium Chloride 0.9% 250 mL

Dose: 10 mg/kg

Route: Intravenous

Frequency: Every 2 weeks, at least 14 days apart

Administer Over: 60 minutes

Pre-Meds

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	Dose: 650 mg Route: Oral	Frequency: Once PRN (as needed), may be given 30 minutes prior to infusion if patient has history of prior reaction
<input type="checkbox"/> methylPREDNISolone sodium succinate (SOLU-MEDROL) injectable	Dose: 125 mg Route: Intravenous	Frequency: Once PRN (as needed), may be given 30 minutes prior to infusion if patient has history of prior reaction
<input type="checkbox"/> cetirizine (ZYRTEC) tablet	Dose: 10 mg Route: Oral	Frequency: Once PRN (as needed), may be given 30 minutes prior to infusion if patient has history of prior reaction
<input type="checkbox"/> Other: _____	Dose: _____ Route: _____	Frequency: Once, 30 minutes prior to lecanemab-irmb infusion

IV Line Care

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____

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0.9% sodium chloride infusion 250 mL
Rate: 30 ml/hr *Route:* Intravenous *Frequency:* Run continuously to keep vein open. Start peripheral IV if no central line.

Infusion Reaction Meds

albuterol (ACCUNEB) nebulizer solution
Dose: 2.5 mg *Route:* Nebulization *Frequency:* PRN for shortness of breath/wheezing

diphenhydrAMINE (BENADRYL) injectable
Dose: 25 mg *Route:* Intravenous *Frequency:* Once PRN, May repeat x 1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.

EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector
Dose: 0.3 mg *Route:* Intramuscular *Frequency:* Once PRN for anaphylaxis/allergic reaction. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5-inch needle for patients with BMI greater than 30. Notify physician if administered.

MethylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF)
Dose: 125 mg *Route:* Intravenous *Frequency:* Once PRN for hypersensitivity reaction. Notify MD upon giving.

Nursing Orders

- Verify that patient meets the lab parameters for administration.
- Patients receiving lecanemab should have a baseline brain MRI prior to initiating treatment. Repeat MRIs are recommended prior to the 5th, 7th, and 14th infusions. Notify Provider if incomplete prior to administration of lecanemab.
- Begin NS as primary line to keep vein open.
- Perform assessment for toxicity and tolerance.
- Monitor for temperature greater than 100.4F, chills, pruritus, chest pain, blood pressure changes (notify MD if greater than 10% drop in systolic blood pressure or if patient is symptomatic), or dyspnea.
- For hypersensitivity: stop lecanemab, and give hypersensitivity reaction medications as ordered.
- Review discharge medications, instructions, and future appointments

References

LEQEMBI® (lecanemab-irmb) Injection, for Intravenous Use Prescribing Information

Kaiser Permanente Infusion Locations

Bellevue Medical Center 11511 NE 10th St, Bellevue, WA 98004 Fax: 425-502-3811 Phone: 425-502-3820	Olympia Medical Center 700 Lilly Road N.E., Olympia, WA 98506 Fax: 360-923-7609 Phone: 360-923-7600	Silverdale Medical Center 10452 Silverdale Way NW, Silverdale, WA 98383 Fax: 360-307-7421 Phone: 360-307-7316
Capitol Hill Medical Center 201 16th Ave E, Seattle WA 98112 Fax: 206-326-3624 Phone: 206-326-3180	Riverfront Medical Center W 322 North River Drive, Spokane, WA 99201 Fax: 509-434-3184 Phone: 509-324-6464	Tacoma Medical Center 209 Martin Luther King Jr Way, Tacoma, WA 98405 Fax: 253-596-3351 Phone: 253-596-3350
Everett Medical Center 2930 Maple St, Everett, WA 98201 Fax: 425-261-1578 Phone: 425-261-1566		

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____