

Lecanemab-irmb (LEQEMBI) 10 mg/kg Every 4 Weeks

Lecanemab-irmb (LEQEMBI) 10 mg/kg IV Every 4 Weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			

☒ Provider communication	Every 28 days	Until discontinued
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Until discontinued Starting when released Until Specified

Confirm amyloid beta pathology and baseline brain MRI prior to treatment initiation.

APOE 4 genotyping should be considered/performed prior to treatment initiation to inform the risk of amyloid related imaging abnormalities (ARIA).

Obtain follow-up brain MRIs after 1, 2, 3, and 6 months of treatment, generally within approximately 1 week prior to the next scheduled infusion. MRI should be reviewed prior to proceeding with treatment. Additional MRI monitoring may be performed as clinically indicated.

Monitor for ARIA throughout treatment. If ARIA is suspected, perform clinical evaluation and obtain MRI as indicated. Use caution with anticoagulant, antithrombotic, and thrombolytic therapy due to increased risk of intracerebral hemorrhage.

Nursing Orders

☒ Nursing communication	Every 28 days	Until discontinued
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Until discontinued Starting when released Until Specified

Confirm baseline MRI prior to first infusion and MRI completion after 1 month, 2 months, 3 months, and 6 months of treatment. Notify provider if required MRI cannot be verified prior to treatment.

☒ Nursing communication	Every 28 days	Until discontinued
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Until discontinued Starting when released Until Specified

Vital signs - Prior to infusion and at the completion of the infusion.

Pre-Medications

☒ acetaminophen (Tylenol) tablet 650 mg	Every 28 days	Until discontinued
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650 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued

☒ diphenhydramine (BENADryl) 25 mg	Every 28 days	Until discontinued
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25 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued

Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydramine, not both.

☒ loratadine (Claritin) tablet 10 mg	Every 28 days	Until discontinued
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	Interval	Defer Until	Duration
10 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydramine, not both.			
☒ dexAMETHasone (Decadron) IV 10 mg	Every 28 days		Until discontinued
10 mg, intravenous, Administer over: 5 Minutes, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued			
Therapeutic Medications			
☒ Iecanemab-irmb (Legembi) infusion 10 mg/kg	Every 28 days		Until discontinued
10 mg/kg, intravenous, Administer over: 60 Minutes, Once, Starting when released Use 0.2-micron low-protein binding in-line filter. Flush line at completion.			
Emergency Medications			
☒ Nursing communication	PRN		Until discontinued
STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.			
☒ Vital Signs	PRN		Until discontinued
STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.			
☒ Nursing communication	PRN		Until discontinued
Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline			
☒ sodium chloride 0.9 % infusion	PRN		Until discontinued
30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day			
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued
2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day			
☒ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL			
☒ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	PRN		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	PRN		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued

	Interval	Defer Until	Duration
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 28 days	Until discontinued
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature	Provider printed name	*Date	Time
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*Provider phone#

***Denotes field that must be completed by healthcare worker**