



Patient Information	Prescriber Information
Name:	Prescriber Name:
DOB:	NPI:
Address:	Address:
City: State:	City:
Zip: Weight:	State: Zip:
Phone:	Phone:
Allergies:	Fax:

Diagnosis (please provide ICD-10 code in space provided):	
ICD-10 code	Description

Nursing Orders: Hold infusion and notify provider for:

Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles.

If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Drug	Dosing	Refills
Legembi (lecanemab)	☐ 10mg/kg IV every 2 weeks ☐ 10mg/kg IV every 4 weeks (after 18 months of treatment, patient can transition to a 4 weeks*) • Patients may transition to every 4 weeks <u>after 18 months</u> or remain on every 2 weeks • MRIs should be performed at baseline & prior to the 3rd, 5th, 7th, and 14th infusion • HOLD infusion if MRI is not performed at indicated interval	☐ x 1 year ☐
Kisunla (donanemab)	☐ Initial start: Infusion 1: 350mg IV at week 0 Infusion 2: 700mg IV at week 4 Infusion 3: 1,050mg IV at week 8 Infusion 4 and beyond: 1,400mg IV at week 12 and every 4 weeks thereafter ☐ Maintenance: 1400mg IV every 4 weeks ☐ Other: • Protocol pre-medication (if no contraindications): acetaminophen 500mg PO & loratadine 10mg PO • MRIs should be performed at baseline & prior to the 2nd, 3rd, 4th, and 7th infusion • HOLD infusion if MRI if not performed at indicated interval	☐ x 1 year ☐
Additional orders:		
Lab orders: Frequency:		
Required labs to be drawn by ☐ Allied ☐ Referring Provider		
As required by your state, Prescriber to check "Dispense as written" or handwritten "Brand Medically Necessary" and sign to prevent generic substitution.		☐ Dispense as written

Prescriber Name (Please print): Contact Person:

Prescriber Signature: Date:

Please include a copy of the latest insurance information as well as all applicable clinical notes.