

# Alzheimer's Therapy

Infusion Order Form – Page 1 of 2



## Preferred Clinic Location

- ☐ **Harbor Health Park Bend Clinic**  
2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758  
P: (855) 481-8375  
F: (512) 233-2288

## Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 code (required): \_\_\_\_\_ ICD-10 description: \_\_\_\_\_  
☐ NKDA Allergies: \_\_\_\_\_ Weight (lbs/kg): \_\_\_\_\_ Height: \_\_\_\_\_  
Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## Provider Information

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Supporting clinical notes (H&P) to support primary diagnosis:
  - Patient's neurological history, including relevant tests and laboratory results
  - Documentation of the presence of amyloid beta pathology if applicable
  - Baseline brain MRI
- Diagnosis:
  - ☐ Alzheimer's Disease with Early Onset (ICD-10 code: G30.0)
  - ☐ Alzheimer's Disease with Late Onset (ICD-10 code: G30.1)
  - ☐ Other Alzheimer's Disease (ICD-10 code: G30.8)
  - ☐ Alzheimer's Disease, unspecified (ICD-10 code: G30.9)
  - ☐ Mild cognitive impairment, so stated (ICD-10 code: G31.84)
- If patient experiences symptoms suggestive of ARIA-E, clinical evaluation should be performed by ordering provider, including an MRI if indicated

## Orders

### NURSING

- ☒ Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).
- ☒ Verify patient weight \_\_\_\_\_ kg
- ☒ Verify the following MRI results for the medication ordered:
- Leqembi:** MRIs should be performed at baseline & prior to the 5th, 7th, and 14th infusions.
- Kisunla:** MRIs should be performed at baseline & prior to the 2nd, 3rd, 4th, and 7th infusions

### PRE-MEDICATION

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
- ☐ cetirizine (Zyrtec) 10mg PO
- ☐ loratadine (Claritin) 10mg PO
- ☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
- ☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
- ☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV
- ☐ Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

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Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Orders, cont.

### THERAPY

- ☐ **Lecanemab-irmb** (Leqembi)
  - Dose: ☐ 10mg/kg in 250ml 0.9% Sodium Chloride  
☐ \_\_\_\_\_mg/kg in 250ml 0.9% Sodium Chloride
  - Route: Intravenous
  - Frequency: ☐ once every 2 weeks  
☐ once every 4 weeks  
☐ \_\_\_\_\_every \_\_\_\_\_weeks
  - Duration: ☐ for 1 year  
☐ x \_\_\_\_\_weeks☒ Administer as an infusion over 60 minutes via a low protein-binding 0.2 micron in-line filter  
☒ Flush infusion line with 0.9% Sodium Chloride solution to ensure all Leqembi is administered  
☐ Patient is required to stay for 30- 60 min. observation
- ☐ **Donanemab** (Kisunla)
  - Initial Dose:** ☐ 700mg IV every 4 week for 3 doses, then 1400mg IV every 4 weeks thereafter. Mix in 0.9% Sodium Chloride Solution to a final concentration of 4mg/ml to 10mg/ml.
  - Maintenance Dose:** ☐ 1400mg IV every 4 weeks
  - Route: Intravenous
  - Frequency: ☐ once every 2 weeks  
☐ once every 4 weeks  
☐ \_\_\_\_\_every \_\_\_\_\_weeks
  - Duration: ☐ for 1 year  
☐ x \_\_\_\_\_weeks☒ Administer as an infusion over at least 30 minutes  
☒ HOLD infusion if MRI is not performed at indicated interval  
☒ Flush infusion line with 10ml to 20ml of 0.9% Sodium Chloride solution to ensure all Kisunla is administered  
☐ Patient is required to stay for 60 min. observation

## Special Instructions

NOTES:

Provider Name (Print): \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_