NATIONAL INFUSION CENTER ASSOCIATION

Patient Name:

DOB:

LEQEMBI™ INDICATIONS CHECKLIST

This document is intended to help practitioners determine appropriateness of LEQEMBI therapy, document clinical decision-making, and support medical necessity. **This guide is not intended to supersede guidance from the FDA, state/local licensing agencies, or other regulatory bodies. For complete information, refer to www.leqembi.com**

Criteria for Indications & Use

1 Diagnosis:

☐ G30.0 Alzheimer's disease, early onset
☐ G30.1 Alzheimer's disease, late onset
☐ G30.8 Other Alzheimer's disease
☐ G30.9 Alzheimer's disease, unspecified
☐ G31.84 Mild cognitive impairment, so stated

2 Confirmation of Beta-Amyloid (Aβ) Pathology:

☐ Beta-amyloid PET scan
Date: _____
Result: _____

OR

☐ **CSF analysis**
Date: _____
Result: _____
(t-tau, p-tau, or p-tau:Aβ ratio)

3 Confirmation of Cognitive Impairment (typically completed prior to diagnosis):

Assessment Performed: **Assessment Date:** _____
□ General Practitioner Assessment of Cognition (GPCOG) □ Mini-Mental Status Exam (MMSE)
□ Memory Impairment Screen (MIS) □ Mini-Cog™ □ Other: _____
Result/Notes:

4 Genetic testing for ApoE ε4 homozygotes:

Testing Date: _____ □ Noncarrier; □ Heterozygotes; **OR**
□ Homozygotes; discussed the increased risk of developing serious and symptomatic ARIA with the patient.
□ Patient declined genetic testing; discussed benefits and risks of genotype testing and patient understands that without ApoE ε4 genotype, higher risk for ARIA cannot be identified.
Notes:

5 Monitoring for Amyloid Related Imaging Abnormalities (ARIA)

☐ **Recent brain MRI obtained prior to initiating therapy** **Date:** _____ (within one year)

Result:

localized superficial siderosis	□ negative	☐ positive; see notes below
10+ brain microhemorrhages	□ negative	☐ positive; see notes below
brain hemorrhage >1 cm	□ negative	☐ positive; see notes below

Notes:

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