

Patient Name:

DOB:

## LEQEMBI™ REFERRAL CHECKLIST

Follow the checklist below when sending a referral for LEQEMBI to ensure all documentation is available and the order is processed in a timely manner.

- Confirm patient meets the criteria for LEQEMBI indications and uses (see [Indication Checklist](#)).
- Complete patient/care partner counseling and document in the patient's medical record:
  - Provide and review [patient medication guide](#).
  - Reinforce the need to immediately report signs/symptoms which could be suggestive of amyloid-related imaging abnormalities (ARIA).
  - Inform of plan to obtain baseline MRI prior to initial infusion and repeat MRIs prior to 5th, 7th, and 14th infusions.
- Complete and sign [LEQEMBI Order Set](#).
- Use the [NICA Infusion Center Locator](#) to find an appropriate and convenient infusion center.
- Fax completed order and the necessary documentation to the selected infusion site and include:
  - Patient demographics/contact information
  - Durable power of Attorney for Health Care (DPAHC), if applicable
- If patient has been determined to have impaired decision-making capacity and has appointed a proxy/health care agent, provide a copy of the documentation (e.g., DPAHC or advance directive) and legally authorized representative's contact information.
- Insurance information (copy of front and back of insurance card if possible)
- Completed, signed order set.
- Chart summary (past medical history, current medications, drug allergies)
- Documentation supporting medical necessity as required by site of care.
- Provide the patient with "[Preparing for Your Infusion](#)" handout.
  - Indicate the name and phone number of the infusion site where the referral was sent so the patient/care partner can follow up if needed.