

Patient Name: _____

DOB: _____

LEQEMBI™ INDICATIONS CHECKLIST

This document is intended to help practitioners determine the 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> G30.0 Alzheimer's Disease, Early Onset | ← G30.X codes require secondary F02.8X code → | <input type="checkbox"/> F02.80 Dementia without behavioral disturbance |
| <input type="checkbox"/> G30.1 Alzheimer's Disease, Late Onset | | <input type="checkbox"/> F02.81 Dementia with behavioral disturbance |
| <input type="checkbox"/> G30.8 Other Alzheimer's Disease | | |
| <input type="checkbox"/> G30.9 Alzheimer's Disease, Unspecified | | |
| <input type="checkbox"/> G31.84 Mild Cognitive Impairment, So Stated | | |

② Confirmation of Beta-Amyloid (Aβ) Pathology:

- | | | |
|--|-----------|--|
| <input type="checkbox"/> Beta-amyloid PET Scan | OR | <input type="checkbox"/> CSF Analysis |
| Date: _____ | | Date: _____ |
| Result: _____ | | 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 Monitoring for Amyloid Related Imaging Abnormalities (ARIA)

- | | |
|--|---|
| <input type="checkbox"/> Recent brain MRI obtained prior to initiating therapy | Date: _____ |
| Result: | (Within one year) |
| Localized Superficial Siderosis | <input type="checkbox"/> Negative <input type="checkbox"/> Positive; see notes below. |
| 10+ Brain Microhemorrhages | <input type="checkbox"/> Negative <input type="checkbox"/> Positive; see notes below. |
| Brain Hemorrhage >1 cm | <input type="checkbox"/> Negative <input type="checkbox"/> Positive; see notes below. |



Patient Name:

DOB:

Notes: