Organization LOGO HERE

LECANEMAB-IRMB 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

Name: _____ DOB: _____
Gender: ☐ M ☐ F Height: _____ cm Weight: _____ kg

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

← G30.X codes require secondary F02.8X code →

☐ F02.80 Dementia without behavioral disturbance
☐ F02.81 Dementia with behavioral disturbance

2. CONFIRMATION OF BETA-AMYLOID PATHOLOGY

Indicate the following requirements have been met (attach documentation of test results):

☐ Amyloid beta pathology confirmed via:

☐ amyloid PET scan
Date: _____
Result: _____

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

☐ Other: _____
Date: _____
Result: _____

⚠ Blood biomarkers (BBMs) are an emerging, increasingly recognized tool for confirming amyloid-beta pathology in Alzheimer's disease. BBMs may be used as a triage or confirmatory option alongside PET or CSF testing in the initial evaluation of AD. Coverage and requirements may vary; confirm with the payer before use.

3. CONFIRMATION OF COGNITIVE IMPAIRMENT (TYPICALLY COMPLETED PRIOR TO DIAGNOSIS):

Assessment Performed:

☐ General Practitioner Assessment of Cognition (GPCOG)
☐ Memory Impairment Screen (MIS)
☐ Other: _____

Assessment Date: _____

☐ Mini-Mental Status Exam (MMSE)
☐ Mini-Cog™

Results/Notes::

4. GENETIC TESTING FOR APOEGENETIC TESTING FOR APOE E4 HOMOZYGOTES:

Testing Date: _____ **Result:** ☐ 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 prior to starting lecanemab-irmb (within one year) **Date:** _____

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: