



Neurology Checklist for Anti-amyloid Monoclonal Antibodies

- ☒ Register with the Centers for Medicare and Medicaid Services (CMS) to participate in anti-amyloid monoclonal antibody (mAb) administration
- ☒ Perform patient and caregiver interview, cognitive scales, physical examination, neurologic examination to identify suspected mild cognitive impairment or Alzheimer's disease (AD)
- ☒ Assess patient and caregiver ability to attend clinic every 2 or 4 weeks for infusion
- ☒ Ensure patient is able to undergo regular magnetic resonance imaging (MRI)
- ☒ MRI of brain; evaluate for microhemorrhages or superficial siderosis
- ☒ Apolipoprotein E4 (APOE4) genotype, if appropriate, to consider anti-amyloid therapy
- ☒ Order amyloid positron emission tomography (PET) to confirm amyloid burden or perform a lumbar puncture
- ☒ Educate patients and caregivers about available anti-amyloid mAbs, lecanemab (Leqembi®) and donanemab (Kisunla®)
 - Efficacy
 - Safety, including infusion reactions and amyloid-related imaging abnormalities (ARIA)
 - Cost
 - Administration and MRI requirements
- ☒ Enter patient information into CMS registry
- ☒ Collaborate with radiology for baseline and period MRIs
 - Leqembi requires MRIs prior to 5th, 7th, and 14th doses (administered every 2 weeks)
 - Kisunla requires MRIs prior to the 2nd, 3rd, 4th, and 7th doses (administered every 4 weeks)
- ☒ Enter notes in electronic medical records to document diagnosis, anti-amyloid mAb administration, infusion reactions, and ARIA symptoms and radiographic findings
- ☒ Coordinate with radiology, infusion centers, and the emergency department about any reports of ARIA symptoms or radiographic findings
- ☒ Regularly assess patient disease progression