

**Background:** The Care Coordination form is to be completed by Healthcare Providers (HCPs) who have previously enrolled a Patient in Lilly Support Services™ and selected the Care Coordination service. Upon completion of the form, it should be sent to Lilly Support Services™ via 1-844-731-2697. Lilly Support Services™ will review the form and provide a copy of the completed form to the Patient's Infusion Center. Lilly Support Services™ will reach out to your office with any questions.

**Instructions:** Sections one and two of the Care Coordination Form must be completed every time the form is submitted to Lilly Support Services™. Sections three and four should be completed when appropriate, as directed in the instructions at the top of each section.

**Note: Prior to Infusion 4, the full Prescribing Information recommends that a Patient's dose be adjusted to 1400mg.**

Section 1:  
Patient and HCP Information

Patient Name (First, MI, Last) \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_  
Patient's Last Infusion # of Kisunla™ (e.g., Infusion 1, Infusion 2, etc.) \_\_\_\_\_ Last Infusion Date \_\_\_\_\_  
HCP First and Last Name \_\_\_\_\_  
HCP NPI# \_\_\_\_\_ HCP Practice Name \_\_\_\_\_

Section 2:  
Patient Status

**Patient Status Update:**  
 Treatment Paused     Patient has completed therapy     Continue Treatment  
**Note: If treatment has been paused and subsequently resumes, please contact Lilly Support Services™ at 1-800-LillyRx (1-800-545-5979) to discuss the resumption of Lilly Support Services™ for your Patient.**

Section 3:  
MRI Information

**Additional Instructions:** Prior to Infusions 2, 3, 4, and 7, Healthcare Providers enrolled in Care Coordination must provide confirmation of MRI completion for ARIA monitoring and a decision on whether to proceed with the Patient's next infusion. *If your Patient has just completed Infusion 1, 2, 3, or 6, please complete this section.*  
**Based on the MRI your Patient is:** MRI Completion Date \_\_\_\_\_  
 Okay to proceed with the next infusion at the scheduled dosage     Not okay to proceed with the next infusion  
**Note: If not okay to proceed with next infusion selected, please consult the full Prescribing Information and ensure the appropriate Patient Status is also selected in Section 2: Patient Status. If okay to proceed with next infusion selected, please ensure the "Continue Treatment" option is also selected in Section 2: Patient Status.**

Section 4:  
CED Registry and Clinical Assessment Information

**Additional Instructions:** For Medicare insured Patients, an updated CMS approved Coverage with Evidence Development (CED) Registry submission is required every 6 months, prior to the Patient's next infusion. *If it has been 6 months since your previous CED Registry submission on behalf of your Patient, please complete this section.*  
**Cognitive Assessment Completed:**  
 MMSE     MoCA     CDR     Other \_\_\_\_\_ Completion Date \_\_\_\_\_  
**Functional Assessment Completed:**  
 FAQ     FAST     Other \_\_\_\_\_ Completion Date \_\_\_\_\_  
ClinicalTrials.gov Registry Number: NCT \_\_\_\_\_  
CED Registry Update Submission Date \_\_\_\_\_  
CED Registry Update Submission Number (if applicable) \_\_\_\_\_