

Table A: Recommended language modifications or additions to state prescribing criteria for Alzheimer’s disease treatment medications for adults with Down syndrome	
Criteria	Recommendations and Commentary
STATE AUTHORIZATION CRITERIA	
Age	RECOMMENDATION: Patient with Down syndrome may be 50 to 85 years old – or if younger and meets other criteria for early DS-AD.
Prescriber	RECOMMENDATION: For patients with Down syndrome, prescriber should consult with specialist health provider/ clinician knowledgeable in DS-AD or in dementia in intellectual disability, if feasible.
Validated MCI/ mild AD diagnosis assessment scales	RECOMMENDATION: For patients with Down syndrome (DS), provider attestation for diagnosis of early DS-AD via evidence of cognitive, functional, and behavioral decline from DS-appropriate assessments and/or caregiver/informant/clinician interview reports.
Biomarkers for amyloid positivity	RECOMMENDATION: For patients with Down syndrome, Positron Emission Tomography (PET) scan is positive for amyloid beta plaque indicative of AD.
Test evidence of cognitive impairment	RECOMMENDATION: For patients with Down syndrome, evidence of cognitive decline relative to premorbid cognitive functioning level, as evidenced by informant-reported and directly administered assessment measures showing poorer than expected performance.
MRI at baseline	RECOMMENDATION: For patients with Down syndrome, a baseline brain magnetic resonance imaging (MRI) to assess ARIA prior to initiating treatment (within 1 year prior).
Exclusion of other causes of cognitive impairment	RECOMMENDATION: Patients with Down syndrome (DS) are not to be excluded based on lifelong DS-associated pre-existing cognitive impairment.

Table B: Recommended language modifications or additions to other criteria related from Department of Veteran Affairs Authorization or to Leqembi™ appropriate use criteria for adults with Down syndrome	
Criteria	Recommendations and Commentary
<i>The following is taken from additional criteria issued by the US Department of Veteran Affairs (DVA) The DVA criteria categories mirror those generally cited by the states, with this addition</i>	
Thyroid levels	RECOMMENDATION: For patients with Down syndrome, hypothyroidism diagnosed and treated according to standard of care with TSH levels monitored.
<i>The following are taken from additional Leqembi™ appropriate use criteria</i>	
BMI	RECOMMENDATION: No significant difference in Down syndrome.

Care Partner	RECOMMENDATION: No significant difference in Down syndrome.
Understand requirements for therapy	RECOMMENDATION: No significant difference in Down syndrome.
Recent history of stroke, transient ischemic attacks and seizures	RECOMMENDATION: For patients with Down syndrome (DS), no significant difference of criteria for stroke or transient ischemic attacks, however, as a history of seizures is more likely for individuals with Down syndrome and adult onset seizures can occur with AD progression, their presence should not be a contra-indication for treatment with immunotherapies.
Mental issues	RECOMMENDATION: For patients with Down syndrome, mental health criteria are not appropriate as contra-indication for immunotherapy treatment, as severe mental illness comorbidities are uncommon.
Depression	RECOMMENDATION: No significant difference in Down syndrome.
Bleeding disorder	RECOMMENDATION: No significant difference in Down syndrome.
Anti-coagulants	RECOMMENDATION: No significant difference in Down syndrome.
Immunological disease	RECOMMENDATION: For patients with Down syndrome (DS), rheumatoid arthritis, celiac disease, and alopecia areata or totalis , should not be exclusionary in DS-AD when these conditions are stable. Otherwise, no significant difference in Down syndrome for the other immunological diseases referred to in the Appropriate Use Criteria.
Medications	RECOMMENDATION: No significant difference in Down syndrome.

DS: Down syndrome; AD: Alzheimer's disease; DS-AD: Down syndrome Alzheimer's disease