Leqembi™ (lecanemab-irmb)
(Intravenous)

Effective Date: 11/01/2023
Review Date: 9/28/2023, 12/07/2023, 01/04/2024, 11/13/2024, 03/12/2025, 12/16/2025

Scope: Medicaid, Commercial

I. Length of Authorization

- Coverage will be provided for six (6) months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Leqembi 200 mg/2 mL (100 mg/mL) solution in a single-dose vial: 2 vials every 14 days
- Leqembi 500 mg/5 mL (100 mg/mL) solution in a single-dose vial: 2 vials every 14 days

B. Max Units (per dose and over time) [HCPCS Unit]:

- 1200 billable units (1200 mg) every 14 days

III. Summary of Evidence

Leqembi (lecanemab-irmb) is indicated for the treatment of Alzheimer's Disease (AD) in patients with mild cognitive impairment or mild dementia stage of disease with confirmed presence of amyloid beta pathology. The full approval of Leqembi was evaluated in the Clarity AD trial. The 1,795-participant phase three, double-blind, placebo-controlled trial randomized patients to Leqembi 10 mg/kg every two weeks or placebo. Participants had a median age of 72 years, were 52% women, and 77% white. The primary outcome of the study was change from baseline at 18 months on the Clinical Dementia Rating Scale - Sum of Boxes (CDR-SB). Leqembi statistically and clinically significantly met its primary outcome with an adjusted mean change from baseline on the CDR-SB scale at 18 months of 1.21 (difference from placebo -0.45, $p<0.0001$).

IV. Initial Approval Criteria [1,5,6,9]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**
- Physician has assessed baseline disease severity utilizing at least ONE objective measure/tool (i.e., Mini-Mental Status Exam [MMSE], Alzheimer's Disease Assessment Scale-Cognitive Subscale [ADAS-Cog-13], Alzheimer's Disease Cooperative Study-Activities of Daily Living Inventory-Mild Cognitive Impairment

version [ADCS-ADL-MCI], Clinical Dementia Rating-Sum of Boxes [CDR-SB], Montreal Cognitive Assessment (MoCA), etc.); **AND**

- Patient does not have any of the following risk factors for intracerebral hemorrhage: prior cerebral hemorrhage > 1 cm in greatest diameter, > 4 microhemorrhages, superficial siderosis, evidence of vasogenic edema, evidence of cerebral contusion, aneurysm, vascular malformation, infective lesions, multiple lacunar infarcts or stroke involving a major vascular territory, or severe small vessel or white matter disease; **AND**
- Patients receiving antithrombotic medication (aspirin, other antiplatelets, or anticoagulants) prior to starting treatment with Leqembi have been on a stable dose for at least 4 weeks; **AND**
    - Patient has been tested prior to treatment to assess apolipoprotein E ε4 (ApoE ε4) status (e.g., homozygote, heterozygote, or noncarrier) and the prescriber has informed the patient that those who are homozygotes have a higher incidence of developing ARIA; **OR**
    - Genotype testing has not been performed and the prescriber has informed the patient that it cannot be determined if they are ApoE ε4 homozygotes and, therefore, if they are at higher risk for developing ARIA; **AND**

Universal Criteria [1,5,6,9]

- Must be prescribed by, or in consultation with, a specialist in neurology or gerontology; **AND**
- Patient has received a baseline brain magnetic resonance imaging (MRI) prior to initiating treatment (within one year prior – unless the patient has a more recent exacerbation, traumatic event [e.g., falls, etc.], or co-morbidity necessitating an evaluation within one month preceding initiation) and periodically throughout therapy *(see prescribing information for schedule of MRI scans)*; **AND**
- Patient has not had a stroke or transient ischemic attack (TIA) or seizures in the past 12 months; **AND**
- Patient does not have a clinically significant and unstable psychiatric illness in the past 6 months; **AND**
- Will not be used concurrently with other anti-amyloid immunotherapies (i.e., Kisunla (donanemab-azbt), etc.); **AND**
- Patient does not have a history of alcohol or substance abuse in the preceding year; **AND**
- Patient is included in the CMS approved Coverage with evidence development (CED) registry (only required for patients with Medicare [registry number, CED submission date, and submission number should be provided, if applicable]); **AND**

Alzheimer's Disease (AD) † [1,2,5,6]

- Patient has a diagnosis of mild cognitive impairment (MCI) due to AD or has mild Alzheimer's dementia (there is insufficient evidence in moderate or severe AD) AND both of the following:
    - Positron Emission Tomography (PET) scan positive for amyloid beta plaque or CSF assessment positive for hybrid ratios of Aβ 42/40, CSF p-tau 181/Aβ 42, or CSF t-tau/Aβ 42; **AND**
    - One of the following*:

- Clinical Dementia Rating (CDR)-Global Score of 0.5-1.0 with Memory Box Score of at least 0.5; **OR**
- MMSE score between 20-28, inclusive; **OR**
- Montreal Cognitive Assessment (MoCA) score 18-25, inclusive; **AND**

- Other conditions mimicking, but of non-Alzheimer's Dementia etiology, have been ruled out (e.g., vascular dementia, dementia with Lewy bodies [DLB], frontotemporal dementia [FTD], normal pressure hydrocephalus, non-Alzheimer's related psychiatric illness [i.e., depression], etc.)

** Note: the aforementioned cognitive tests are typically the most commonly used but do NOT represent an exhaustive list. Use of alternative cognitive assessment tests not listed will be reviewed on a case-by-case basis.*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); **Φ** Orphan Drug

V. Renewal Criteria [1,5,6]

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section IV; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: amyloid related imaging abnormalities-edema (ARIA-E) and -hemosiderin deposition (ARIA-H), intracerebral hemorrhage, severe hypersensitivity reactions including anaphylaxis, etc.; **AND**
- Patient has responded to therapy compared to pretreatment baseline as evidenced by improvement, stability, or slowing in cognitive and/or functional impairment in one or more of the following (not all-inclusive): ADAS-Cog 13/14; ADCS-ADL-MCI; MMSE; CDR-SB, MoCA etc.; **AND**
- Patient has not progressed to moderate or severe AD; **AND**
- Patient has received a pre- 5th, 7th, AND 14th infusion MRI for monitoring of Amyloid Related Imaging Abnormalities-edema (ARIA-E) and Amyloid Related Imaging Abnormalities-hemosiderin (ARIA-H) microhemorrhages; **AND**

ARIA-E §

- Patient is asymptomatic or mildly symptomatic***** with mild radiographic severity****** on MRI; **OR**
- Patient is asymptomatic or mildly symptomatic***** with moderate to severe radiographic severity****** on MRI AND administration will be suspended until MRI demonstrates radiographic resolution and symptoms, if present, resolve; **OR**
- Patient has moderate to severe symptoms***** with mild to severe radiographic severity****** on MRI AND administration will be suspended until MRI demonstrates radiographic resolution and symptoms, if present, resolve

ARIA-H §

- Patient is asymptomatic with mild radiographic severity** on MRI; **OR**
- Patient is asymptomatic with moderate radiographic severity** on MRI AND administration will be suspended until MRI demonstrates radiographic stabilization and symptoms, if present, resolve; **OR**
- Patient is symptomatic with mild to moderate radiographic severity** on MRI AND administration will be suspended until MRI demonstrates radiographic stabilization and symptoms, if present, resolve; **OR**
- Patient has severe radiographic severity** on MRI AND administration will be suspended until MRI demonstrates radiographic stabilization and symptoms, if present, resolve

§ Clinical judgment will be used in considering whether to continue treatment or permanently discontinue. In patients who develop intracerebral hemorrhage greater than 1 cm in diameter during treatment from Leqembi, suspend dosing until MRI demonstrates radiographic stabilization and symptoms, if present, resolve. Consider a follow-up MRI to assess for resolution 2 to 4 months after initial identification.

Clinical Symptom Severity *		
Mild	**Moderate**	**Severe**
Discomfort noticed, but no disruption of normal daily activity	Discomfort sufficient to reduce or affect normal daily activity	Incapacitating, with inability to work or to perform normal daily activity

ARIA Type [1]	Radiographic Severity**		
	Mild	**Moderate**	**Severe**
ARIA-E	FLAIR hyperintensity confined to sulcus and/or cortex/subcortex white matter in one location < 5 cm	FLAIR hyperintensity 5 to 10 cm in single greatest dimension, or more than 1 site of involvement, each measuring < 10 cm	FLAIR hyperintensity measuring > 10 cm with associated gyral swelling and sulcal effacement. One or more separate/independent sites of involvement may be noted.
ARIA-H microhemorrhage	≤ 4 new incident microhemorrhages	5 to 9 new incident microhemorrhages	10 or more new incident microhemorrhages
ARIA-H superficial siderosis	1 focal area of superficial siderosis	2 focal areas of superficial siderosis	> 2 focal areas of superficial siderosis

VI. Dosage/Administration [1]

Indication	Dose
Alzheimer's Disease (AD)	**Initial**: The recommended dosage of Leqembi is 10 mg/kg and administered as an intravenous (IV) infusion over approximately one hour every two weeks. **Maintenance**: After 18 months, continue Leqembi 10 mg/kg once every two weeks OR transition to Leqembi 10 mg/kg once every four weeks.
– *Obtain an MRI prior to the 5th, 7th, and 14th infusions. If radiographically observed ARIA occurs, treatment recommendations are based on type, severity, and presence of symptoms.* – *If an infusion is missed, resume administration at the same dose as soon as possible.*	

VII. Billing Code/Availability Information

HCPCS Code:

- J0174 – Injection, lecanemab-irmb, 1mg; 1 billable unit = 1 mg

NDC:

- Leqembi 200 mg/2 mL (100 mg/mL) solution in a single-dose vial: 62856-0212-xx
- Leqembi 500 mg/5 mL (100 mg/mL) solution in a single-dose vial: 62856-0215-xx

VIII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.84	Mild cognitive impairment, so stated

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
	Applicable State/US Territory	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC