Utilization Review Policy 305A

POLICY: Neurology – Leqembi Utilization Management Medical Policy

- Leqembi™ (lecanemab-irmb intravenous infusion – Eisai/Biogen)

EFFECTIVE DATE: 7/17/2023
LAST REVISION DATE: 9/16/2024

COVERAGE CRITERIA FOR: UCare Medicaid Plans (PMAP, Connect, MSC+, MnCare) and UCare Health Exchange Plans (Individual and Family Plans)

OVERVIEW

Leqembi, an amyloid beta-directed antibody, is indicated for the **treatment of Alzheimer's disease**.[1] Treatment with Leqembi should be initiated in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was initiated in clinical trials.

Disease Overview

An estimated 6.5 million Americans ≥ 65 years of age are living with Alzheimer's dementia in 2022, with 73% of these people ≥ 75 years of age.[2] The number and proportion of older adults who have mild cognitive impairment due to Alzheimer's disease is difficult to estimate; however, a rough approximation suggests that 5 million older Americans may have mild cognitive impairment due to Alzheimer's disease. People with mild cognitive impairment due to Alzheimer's disease have biomarker evidence of brain changes due to the disease in addition to subtle problems with memory and thinking. Biomarker evidence includes abnormal levels of amyloid beta as evidenced on positron emission tomography (PET) scans and in analysis of cerebrospinal fluid, and decreased metabolism of glucose as shown on PET scans. These cognitive problems may be noticeable to the individual family members and friends, but not to others, and they do not interfere with the person's ability to carry out everyday activities. The mild changes in cognitive abilities occur when the brain can no longer compensate for the damage and death of nerve cells due to Alzheimer's disease. Among those with mild cognitive impairment, about 10% to 15% develop dementia each year. Approximately one-third of people with mild cognitive impairment develop Alzheimer's dementia within 5 years.

Clinical Efficacy

The current Leqembi efficacy information is insufficient to determine if the medication demonstrates any clinically meaningful benefits.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Leqembi. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Leqembi as well as the monitoring required for adverse events and long-term efficacy, approval requires Leqembi to be prescribed by a neurologist or gerontologist.

Documentation: Documentation is required for use of Leqembi as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Leqembi is recommended in those who meet the following criteria:

FDA-Approved Indications

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1. Alzheimer's Disease. Approve for the duration noted if the patient meets ONE of the following criteria (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets EACH of the following (i through ix):

i. Patient is ≥ 18 years of age and ≤ 90 years of age; AND

ii. Patient has a diagnosis of Alzheimer's disease with mild cognitive impairment or mild Alzheimer's dementia as demonstrated by 3 validated scales, one of which must be the MMSE (Mini Mental State Exam) AND

iii. Patient meets all of the following criteria (a, b, and c):

a) Patient has had magnetic resonance imaging (MRI) of the brain within the past 1 year **[documentation required]**; AND

b) The MRI showed both of the following (1 and 2):

(1) No prior cerebral hemorrhage greater than 1 cm in greatest diameter, no more than 4 microhemorrhages, no superficial siderosis, no evidence of vasogenic edema, no evidence of cerebral contusion, aneurysm, vascular malformation, infective lesions, multiple lacunar infarcts or stroke involving a major vascular territory, and no severe small vessel or white matter disease **[documentation required]**; AND

(2) Medical or neurological conditions, other than Alzheimer's disease, that may be contributing to the patient's cognitive impairment have been ruled out **[documentation required]**; AND

c) Patient has not had a stroke or transient ischemic attack (TIA) or seizures in the past 12 months; AND

iv. Patient has had a positive test for amyloid beta based on a Positron Emission Tomography (PET) scan or via cerebral spinal fluid (CSF) amyloid beta test **[documentation required]**; AND

v. Patient does NOT have a clinically significant unstable psychiatric illness; AND

vi. Patient meets one of the following (a or b):

a) Patient is NOT taking anticoagulant or antiplatelet agents (except aspirin for prevention of cardiovascular or thromboembolic events); OR

b) Patient is currently taking an anticoagulant and counseling has been provided that the combined use of Leqembi with an anticoagulant may increase the risk of cerebral macrohemorrhage and prescriber attests that the patient has shared in decision making to initiate Leqembi therapy. AND

Note: Anticoagulant or antiplatelet agents include Pradaxa (dabigatran capsules), Savaysa (edoxaban tablets), Eliquis (apixaban tablets), Xarelto (rivaroxaban tablets), warfarin, low-molecular-weight heparins (enoxaparin sodium injection, Fragmin [dalteparin sodium injection]), fondaparinux sodium injection, prasugrel hydrochloride tablets, clopidogrel tablets, or Brilinta (ticagrelor tablet).

vii. Prescriber attests that the patient and/or caregiver understands the risks and benefits of Leqembi therapy; AND

viii. Patient is not using in combination with any other Aβ monoclonal antibodies (mAbs) for Alzheimer's Disease (e.g., Aduhelm, Kisulna); AND

ix. The medication is prescribed by a neurologist or gerontologist.

B) Patient is Currently Receiving Leqembi. Approve for 6 months if the patient meets EACH of the following (i through vii):

- **i.** Patient is ≥ 18 years of age; AND
- **ii.** Patient has not progressed rapidly into moderate to severe Alzheimer's disease unless the prescriber provides published peer-reviewed clinical research supporting its continued use (rapid decline is defined as a 4-point reduction in a 6-month period on the MMSE, with an additional 1-point reduction in the following 6 months) **[documentation required]**; AND
- **iii.** Patient is able to tolerate a Leqembi maintenance dose of 10 mg/kg every 2 weeks; AND
- **iv.** Patient meets the following (a, b, and c):
  - **a)** If the patient has received four infusions of Leqembi, the patient has had an MRI of the brain prior to the 5th infusion of Leqembi to determine if the patient has developed amyloid related imaging abnormalities (ARIA) **[documentation required]**; AND
  - **b)** If the patient has received six infusions of Leqembi, the patient has had an MRI of the brain prior to the 7th infusion of Leqembi to determine if the patient has developed amyloid related imaging abnormalities (ARIA) **[documentation required]**; AND
  - **c)** If the patient has received thirteen infusions of Leqembi, the patient has had an MRI of the brain prior to the 14th infusion of Leqembi to determine if the patient has developed ARIA **[documentation required]**; AND
- **v.** If an MRI confirms ARIA, the patient meets ONE of the following (a or b):
  - **a)** Patient meets BOTH of the following (i and ii):
    - **i.** Patient has fewer than ten new incident microhemorrhages **[documentation required]**; AND
    - **ii.** Patient has two or fewer focal areas of superficial siderosis (radiographic severe ARIA-H) **[documentation required]**; OR
  - **b)** Patient has had a clinical evaluation and a follow-up MRI demonstrating radiographic stabilization (i.e., no increase in size or number of amyloid related imaging abnormalities-hemosiderin deposition [ARIA-H]) prior to continuing treatment **[documentation required]**; AND
- **vi.** Patient is not using in combination with any other Aβ monoclonal antibodies (mAbs) for Alzheimer's Disease (e.g., Aduhelm, Kisulna); AND
- **vii.** The medication is prescribed by a neurologist or gerontologist.

Dosing. The dose of Leqembi is 10mg/kg given intravenously over approximately 1 hour once every 2 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Leqembi is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Leqembi™ intravenous infusion [prescribing information]. Nutley, NJ: Eisai; January 2023.
2. Alzheimer's Association. Alzheimer's disease facts and figures-2022. Available at: https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf. Accessed on January 16, 2023.
3. Swanson CJ, Zhang Y, Dhadda S, et al. A randomized, double-blind, phase 2b proof-of-concept clinical trial in early Alzheimer's disease with lecanemab, an anti-Aβ protofibril antibody. *Alzheimers Res Ther*. 2021;13(1):80.
4. van Dyck CH, Swanson CJ, Aisen P, et al. Lecanemab in early Alzheimer's disease. *N Engl J Med*. 2023;388(1):9-21.

5. Andrews JS, Desai U, Kirson NY, et al. Disease severity and minimal clinically important differences in clinical outcome assessments for Alzheimer's disease clinical trials. *Alzheimers Dement.* 2019;5:354-363.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	01/25/2023
UCare Update	Created Medicaid specific policy as Leqembi now participates in the Medicaid Drug Rebate Program	06/26/2023
Update	7/19/2023: Leqembi received traditional approval by the FDA on July 6, 2023 based on results from the CLARITY AD trial. No criteria changes.	--
Annual Review	Updated for concurrent use with an anticoagulant. Added confirmation that there has been no stroke, TIA or seizure in the past 12 months. Added gerontologist as an appropriate prescribing specialist. Added that concurrent use with another Aβ monoclonal antibodies (mAbs) for Alzheimer's Disease (e.g., Aduhelm, Kisulna) is not allowed. Updated UCare plans that are targeted by this policy to include UCare Health Exchange Plans.	9/6/2024
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	9/16/2024