

Field Name	Field Description
Prior Authorization Group Description	<b>Leqembi</b>
Drugs	Leqembi (lecanemab-irmb)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	Patients with moderate to severe Alzheimer's Disease (AD) Patients with neurodegenerative disease caused by a condition other than AD
Required Medical Information	See "Other Criteria"
Age Restrictions	age 50-90 years
Prescriber Restrictions	Prescriber must be a neurologist
Coverage Duration	For initial and reauthorizations: if all of the conditions are met, the request will be approved for 6 months.
Other Criteria	<p><b><u>Initial Authorization</u></b></p> <ul style="list-style-type: none"> <li>• Diagnosis of mild cognitive impairment (MCI) caused by AD or mild AD consistent with Stage 3 or Stage 4 Alzheimer's disease as evidenced by at least one of the following: <ul style="list-style-type: none"> <li>○ Clinical Dementia Rating Global (CDR-G) score of 0.5-1.0 and a Memory Box score of 0.5 or greater</li> <li>○ Mini-Mental State Examination (MMSE) score <math>\geq 22</math> and <math>\leq 30</math></li> <li>○ Wechsler Memory Scale IV-Logical Memory (subscale) II (WMS-IV LMII) score at least 1 standard deviation below age-adjusted mean</li> </ul> </li> <li>• The request is for an FDA approved dose</li> <li>• Documentation of BOTH of the following: <ul style="list-style-type: none"> <li>○ Recent, within past year, positive results for the presence of beta-amyloid plaques on a positron emission tomography (PET) scan or cerebrospinal fluid testing</li> <li>○ Recent, within past year, baseline Magnetic Resonance Imaging (MRI) scan</li> </ul> </li> <li>• Physician has assessed baseline disease severity utilizing an objective measure/tool (i.e., Alzheimer's Disease Assessment Scale-Cognitive Subscale [ADAS-Cog-14], 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], etc.)</li> </ul>

<p>Revision/Review Date 7/2024</p>	<ul style="list-style-type: none"> <li>• No recent (past 1 year) history of stroke, seizures or transient ischemic attack (TIA), or findings on neuroimaging that indicate an increased risk for intracerebral hemorrhage.</li> </ul> <p><b><u>Reauthorization</u></b></p> <ul style="list-style-type: none"> <li>• The request is for an FDA approved dose</li> <li>• Patient continues to have a diagnosis of mild cognitive impairment (MCI) caused by AD or mild AD consistent with Stage 3 or Stage 4 Alzheimer’s disease as evidenced by at least one of the following: <ul style="list-style-type: none"> <li>○ CDR-G score of 0.5-1.0 and a Memory Box score of 0.5 or greater</li> <li>○ MMSE score of 22-30</li> <li>○ Wechsler Memory Scale IV-Logical Memory (subscale) II (WMS-IV LMII) score at least 1 standard deviation below age-adjusted mean</li> </ul> </li> <li>• Provider attestation of safety monitoring and management of amyloid related imaging abnormalities (ARIA) and intracerebral hemorrhage, as recommended per the manufacturer’s prescribing information.</li> <li>• Documentation that member has experienced clinical benefit from the medication (such as: stabilization or decreased rate of decline in symptoms from baseline on CDR-SB, ADAS-Cog14, or ADCS MCI-ADL scales)</li> <li>• No recent (past 1 year) history of stroke, seizures, or TIA</li> </ul> <p><b>If the conditions are not met, the request will be sent to a Medical Director/clinical reviewer for medical necessity review.</b></p> <p><b>Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.</b></p>
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