Quartz

# Lecanemab (Leqembi)
# Prior Authorization Criteria

| Drug Name | Drug Status | Quantity Limits | Approval Limits |
|---|---|---|---|
| Lecanemab (Leqembi) | Medical Benefit-Restricted | N/A | 12 months |

**CRITERIA FOR COVERAGE:**

- Diagnosis of Alzheimer's disease with mild cognitive impairment or dementia confirmed by any of the following:
  - Mini Mental State Exam (MMSE) score between 21 and 30
  - Clinical Dementia Rating Global Score (CDR-GS) of 0.5
  - Montreal Cognitive Assessment (MoCA) score of ≥ 16
- Prescribed by or in consultation with a Neurologist, Geriatrician, Psychiatrist, or other Alzheimer's disease specialist
- Age 50 to 90 years
- Positive amyloid confirmed by a Positron Emission Tomography (PET) scan or lumbar puncture (Cerebral Spinal Fluid)
- Other causes of symptoms are ruled out (e.g. Lewy body dementia, Parkinson's disease, vitamin B12 deficiency, etc.)
- Person does not have any of the following:
  - Use of antiplatelet or antithrombotic drugs (except prophylactic aspirin or clopidogrel)
  - History of cerebrovascular abnormalities, bleeding disorder, clotting disorder, or brain hemorrhage
  - Diagnosis of stroke, seizures, transient Ischemic attack within the previous 12 months

**CRITERIA FOR CONTINUATION OF THERAPY:**

- Magnetic Resonance Imaging (MRI) scans before the 5$^{th}$, 7$^{th}$ and 14$^{th}$ dose confirming there are not amyloid-related imaging abnormalities (ARIA)
- Clinical documentation of a decrease in brain amyloid plaques
- Person does not have any of the following:
  - Use of antiplatelet or antithrombotic drugs (except prophylactic aspirin or clopidogrel)
  - History of cerebrovascular abnormalities, bleeding disorder, clotting disorder, or brain hemorrhage
  - Diagnosis of stroke, transient Ischemic attack, unstable angina, myocardial infarction, unexplained loss of consciousness within the previous 12 months

**Note:**
Continuation of therapy criteria will not be applied to persons who are not new to the plan who were not previously approved for coverage of their current therapy (such as those who initiate therapy through provider samples or manufacturer-sponsored free drug programs).

Created: 04/23
Effective: 7/3/2023 Client Approval: P&T Approval: N/A