Reference number(s)
5735-A

Standard Medicare Part B Management Leqembi

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over the counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Leqembi	lecanemab-irmb

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-approved Indications

Leqembi is indicated for the treatment of Alzheimer's disease. 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.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Documentation

The following documentation must be available, upon request, for all submissions:

Initial Requests:

- Medical records (e.g., chart notes) documenting the following:
  - Diagnosis of mild cognitive impairment due to Alzheimer's disease or mild Alzheimer's disease.
- Presence of amyloid pathology documented by either of the following:

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

  - Baseline positron emission tomography (PET) scan
  - Lumbar puncture results
- Clinician and member participation in a CMS-approved Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease CED Study Registry via CMS-facilitated portal.

Continuation requests:

Continued clinician and member participation in a CMS-approved Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease CED Study Registry via CMS-facilitated portal.

Prescriber Specialties

This medication must be prescribed by or in consultation with a physician and/or clinical team who is participating in a CMS-approved Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease CED Study Registry via CMS-facilitated portal.

Coverage Criteria

Alzheimer's Disease

Authorization of 7 months may be granted for treatment of Alzheimer's disease (AD) when all of the following criteria are met:

- Member must have mild cognitive impairment due to AD or mild AD dementia.
- Member must meet one of the following criteria:
  - Have a positron emission tomography (PET) scan confirming the presence of amyloid pathology.
  - Have results from a lumbar puncture confirming at least one of the following detected in cerebrospinal fluid (CSF) as determined by the lab assay:
    - Presence of elevated phosphorylated tau (P-tau) protein and/or elevated total tau (T-tau) protein, and reduced beta-amyloid-42 (AB42)
    - Low AB42/AB40 ratio
    - Elevated P-Tau/AB42 ratio
    - Elevated T-Tau/AB42 ratio
- Member must currently be participating in a CMS-approved Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease CED Study Registry with an appropriate clinical team and follow-up care via CMS-facilitated portal.

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Reference number(s)
5735-A

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with Leqembi.
- Leqembi is being used to treat an indication listed in the coverage criteria section.
- The member continues to participate in a CMS-approved Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease CED Study Registry with an appropriate clinical team and follow-up care via CMS-facilitated portal.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Leqembi.
- The available compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
- National Coverage Determination (NCD) for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Leqembi are covered.

Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Using Leqembi to treat mild cognitive impairment due to Alzheimer's disease or mild Alzheimer's disease (AD) dementia is covered according to the conditions outlined in National Coverage Determination Manual section 200.3- Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease. Monoclonal antibodies directed against amyloid that are approved by the FDA for the treatment of AD based upon evidence of efficacy from a direct measure of clinical benefit may be covered in CMS-approved prospective comparative studies. Study data for CMS-approved prospective comparative studies may be collected in a registry. The information collected on the portal include the following:

- Individuals' clinical diagnosis (mild cognitive impairment or mild Alzheimer's disease dementia).
- Whether the individual is taking any anticoagulation or antiplatelet drugs.
- Results of the individual's amyloid positron emission tomography (PET) scan, cerebrospinal fluid (CSF) test, or other amyloid test.

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

- Specific anti-amyloid monoclonal antibody being administered.
- Whether there is evidence of adverse events such as brain swelling or hemorrhage referred to as ARIA-E or ARIAH-H.
- Results of tests of cognition and overall function that were used to diagnose and treat the individual with mild cognitive impairment or mild Alzheimer's disease dementia.

Support for using a lumbar puncture to confirm amyloid pathology in cerebrospinal fluid can be found in an article published by Schindler et al. Decreases in cerebrospinal fluid (CSF) Aβ42 levels and increases in CSF total Tau (tTau) and phosphorylated Tau-181 (pTau) may be the earliest markers of AD brain pathology. The ratio of Aβ42 with another AD biomarker (e.g. tTau/Aβ42, pTau/Aβ42, or Aβ42/Aβ40) may provide the best correlation with amyloid PET measures.

References

1. Leqembi [package insert]. Nutley, NJ: Eisai Inc.; July 2023.
2. National Coverage Determination (NCD) for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD) (200.3 – Version 1). https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=375&ncdver=1 Accessed May 1, 2024.
3. Fagan AM, Mintun MA, Mach RH, et al. Inverse relation between in vivo amyloid imaging load and cerebrospinal fluid Abeta42 in humans. Ann Neurol. 2006;59(3):512-519.
4. Schindler SE, Gray JD, Gordon BA, et al. Cerebrospinal fluid biomarkers measured by Elecsys assays compared to amyloid imaging. Alzheimers Dement. 2018;14(11):1460-1469.
5. Centers for Medicare and Medicaid Services. Fact Sheet. June 22, 2023. Accessed May 1, 2024. https://www.cms.gov/files/document/fact-sheet-june-2023.pdf
6. Elecsys Phospho-Tau (181P) CSF 2022-12.

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.