Clinical Policy: Lecanemab-irmb (Leqembi)

Reference Number: CP.PHAR.596
Effective Date: 01.06.23
Last Review Date: 02.23
Line of Business: HIM, Medicaid

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Lecanemab-irmb (Leqembi™) is a monoclonal antibody targeting amyloid beta.

FDA Approved Indication(s)

Leqembi is indicated for the treatment of Alzheimer's disease (AD). Treatment with Leqembi should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in clinical trials. There are no safety or effectiveness data on initiating treatment at earlier or later stages of the disease than were studied.

This indication is approved under accelerated approval based on reduction in amyloid beta plaques observed in patients treated with Leqembi. Continued approval for this indication may be contingent upon verification of clinical benefit in a confirmatory trial.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Leqembi is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Alzheimer's Disease (must meet all)**:**

1. Diagnosis of MCI due to AD or mild AD dementia (see *Appendix D*);
2. Prescribed by or in consultation with a geriatrician or neurologist;
3. Presence of beta-amyloid plaques verified by one of the following (a or b):
   a. Positron emission tomography scan;
   b. Cerebrospinal fluid testing;
4. Prescriber attestation that the prescriber has discussed with the member the potentially increased risk of amyloid-related imaging abnormalities (ARIA) in those who are ApoE4 genetic homozygotes and in those who are currently taking, or who may eventually need, concomitant anticoagulant or antithrombotic therapy;
5. Member meets one of the following (a or b):
   a. Member is enrolled in a randomized, controlled trial conducted under an investigational new drug application;
   b. Member is enrolled in a National Institutes of Health (NIH)-supported trial.

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
   a. For drugs on the formulary (health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: HIM.PA.33 for health insurance marketplace and CP.PMN.255 for Medicaid; or
   b. For drugs NOT on the formulary (health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: HIM.PA.103 for health insurance marketplace and CP.PMN.16 for Medicaid; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: HIM.PA.154 for health insurance marketplace and CP.PMN.53 for Medicaid.

II. Continued Therapy

A. Alzheimer's Disease (must meet all)**:**
1. Member meets one of the following (a or b):
   a. Member is enrolled in a randomized, controlled trial conducted under an investigational new drug application;
   b. Member is enrolled in a NIH-supported trial.

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
   a. For drugs on the formulary (health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: HIM.PA.33 for health insurance marketplace and CP.PMN.255 for Medicaid; or
   b. For drugs NOT on the formulary (health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: HIM.PA.103 for health insurance marketplace and CP.PMN.16 for Medicaid; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 2 above does not apply, refer to the off-label use policy for the relevant line of business: HIM.PA.154 for health insurance marketplace and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – HIM.PA.154 for health insurance marketplace and CP.PMN.53 for Medicaid, or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

AD: Alzheimer's disease
ARIA: amyloid-related imaging abnormalities
CMS: Centers for Medicare and Medicaid Services
DLB: dementia with Lewy bodies
FDA: Food and Drug Administration
FTD: frontotemporal dementia
NIH: National Institutes of Health
MCI: mild cognitive impairment
PPA: primary progressive aphasia

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: Diagnosis of Alzheimer's Disease

- AD
  - Interference with ability to function at work or at usual activities
  - A decline from a previous level of functioning and performing
  - Not explained by delirium or major psychiatric disorder
  - Cognitive impairment established by history-taking from the patient and a knowledgeable informant; and objective bedside mental status examination or neuropsychological testing
  - Cognitive impairment involves a minimum of two of the following domains:
    - Impaired ability to acquire and remember new information
    - Impaired reasoning and handling of complex tasks, poor judgment
    - Impaired visuospatial abilities
    - Impaired language functions (speaking, reading, writing)
    - Changes in personality, behavior, or comportment
  - Insidious onset (gradual onset over months to years, not over hours to days)
  - Clear-cut history of worsening
  - Initial and most prominent cognitive deficits are one of the following:
    - Amnestic presentation (impairment in learning and recall of recently learned information)
    - Nonamnestic presentation in either a language presentation (prominently word-finding deficits), a visuospatial presentation with visual deficits, or executive dysfunction (prominently impaired reasoning, judgment and/or problem solving)
  - No evidence of substantial concomitant cerebrovascular disease, core features of dementia with Lewy bodies (DLB), prominent features of behavioral variant frontotemporal dementia (FTD) or prominent features of semantic or nonfluent/agrammatic variants of primary progressive aphasia (PPA), or evidence of another concurrent, active neurologic or non-neurologic disease or use of medication that could have a substantial effect on cognition
- MCI due to AD – core clinical criteria
  - Concern regarding change in cognition obtained from the patient, from an informant who knows the patient well, or from a skilled clinician observing the patient

- Objective evidence of impairment in one or more cognitive domains that is not explained by age or education
- Preservation of independence in functional abilities
- Not demented

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
AD	10 mg/kg IV every 2 weeks	10 mg/kg every 2 weeks

VI. Product Availability

Vials for injection (single-dose): 200 mg/2 mL, 500 mg/5 mL

VII. References

1. Leqembi Prescribing Information. Nutley, NJ: Eisai Inc.; January 2023. Available at: https://www.leqembi.com/-/media/Files/Leqembi/Prescribing-Information.pdf?hash=3d7bf1a2-5db2-4990-8388-81086f415676. Accessed January 10, 2023.
2. Van Dyck CH, Swanson CJ, Aisen P, et al. Lecanemab in early Alzheimer's disease. NEJM 2023 Jan 5;388(1):9-21.
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. Alz Res Therapy 2021;13(80):1-14.
4. Centers for Medicare & Medicaid Services. Monoclonal antibodies directed against amyloid for the treatment of Alzheimer's disease. Medicare Coverage Database. CAG099469N; 2022. Available at: https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=Y&NCAId=305. Accessed October 4, 2022.
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. Alzheimer's & Dementia 2019 Aug;5:354-63.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
C9399, J3590	Lecanemab-irmb

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created pre-emptively	10.04.22	11.22
Drug is now FDA approved - criteria updated per FDA labeling: added specialist requirement, added attestation that the prescriber	01.10.23	02.23

Reviews, Revisions, and Approvals	Date	P&T Approval Date
has discussed the potentially increased risk of ARIA in ApoE4 homozygotes and with concomitant anticoagulants/antithrombotics, separated Commercial LOB into a separate policy (see CP.CPA.##); references reviewed and updated.		

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.