

POLICY NAME	Leqembi (lecanemab)	POLICY #	
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Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Documentation of any amyloid-related imaging abnormalities (ARIA), such as brain swelling or brain bleeds
- ☐ **2.2** Coverage of Aduhelm is considered experimental at this time and excluded from coverage
- ☐ **2.3** Administration outside of a qualifying registry are excluded from coverage

Coverage Criteria

- ☐ **1.1** Diagnosis of mild cognitive impairment related to Alzheimer disease or mild Alzheimer disease dementia
 - Functional Assessment Staging Test (FAST) Stage score of 2-4, meeting criteria for mild cognitive impairment or mild Alzheimer disease dementia
- ☐ **1.2** Documented evidence of beta-amyloid plaques on the brain through PET imaging and/or cerebrospinal fluid (CSF) analysis
- ☐ **1.3** Prescribed by a neurologist (nervous system doctor), geriatric psychiatrist (mental health physician specializing in treating elderly patients), or geriatrician (elder patient doctor) who specializes in treating dementia
- ☐ **1.4** Physician participates in a qualifying registry with appropriate clinical team/follow-up care plan
- ☐ **1.5** Documentation to support mild cognitive decline such as Mini-Mental State Examination (MMSE) ≥ 19 , Montreal Cognitive Assessment (MoCA) ≥ 17 , or clinical dementia rating (CDR) 0.5 to 1