CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Alzheimer's Disease – Amyloid Beta-Directed Antibodies – Leqembi Intravenous and Leqembi IQLIK Utilization Management Medical Policy
- Leqembi® (lecanemab-irmb intravenous infusion – Eisai/Biogen)
- Leqembi® IQLIK™ (lecanemab-irmb subcutaneous injection – Eisai/Biogen)

REVIEW DATE: 02/05/2025; selected revision 09/24/2025

OVERVIEW

Leqembi, an amyloid beta-directed antibody, is indicated for the **treatment of Alzheimer's disease** in patients with mild cognitive impairment or mild dementia stage of disease.[1] Leqembi intravenous (IV) can be used for initial and maintenance treatment. Leqembi IQLIK subcutaneous (SC) injection is only indicated for use as maintenance treatment after 18 months of Leqembi 10 mg/kg IV biweekly.

Disease Overview

An estimated 7.2 million Americans ≥ 65 years of age are living with Alzheimer's dementia in 2025, with 74% of these people ≥ 75 years of age.[2] The number and proportion of older adults who have mild cognitive impairment due to Alzheimer's disease is difficult to estimate; however, a rough approximation suggests that 5 to 7 million older Americans may have mild cognitive impairment due to Alzheimer's disease. People with mild cognitive impairment due to Alzheimer's disease have biomarker evidence of brain changes due to the disease in addition to subtle problems with memory and thinking. Biomarker evidence includes abnormal levels of amyloid beta as evidenced on positron emission tomography (PET) scans and in analysis of cerebrospinal fluid, and decreased metabolism of glucose as shown on PET scans. These cognitive problems may be noticeable to the individual family members and friends, but not to others, and they do not interfere with the person's ability to carry out everyday activities. The mild changes in cognitive abilities occur when the brain can no longer compensate for the damage and death of nerve cells due to Alzheimer's disease.

Clinical Efficacy

The current Leqembi IV and IQLIK efficacy information is insufficient to determine if the medication demonstrates any clinically meaningful benefits. In the absence of additional clinical trials, there is not enough information to support approval.

POLICY STATEMENT

Due to safety concerns and the lack of clinically significant efficacy data, **approval is not recommended** for Leqembi IV or Leqembi IQLIK. The current Leqembi efficacy information is insufficient to determine if the medication demonstrates any clinically meaningful benefits; whereas, safety concerns have been demonstrated in clinical trials. In the absence of additional clinical trials, there is not enough information to support approval.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

None.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Leqembi IV or Leqembi IQLIK is not recommended in the following situations:

1. **Alzheimer's Disease.** Due to the lack of clinically significant efficacy data, approval is not recommended for Leqembi IV or Leqembi IQLIK.

   The efficacy of Leqembi for accelerated approval was evaluated in one Phase IIb randomized, double-blind, placebo-controlled, multicenter, pivotal study in patients with mild cognitive impairment due to Alzheimer's disease and mild Alzheimer's disease dementia (n = 854).[3] In the Phase IIb study, the primary endpoint, change from baseline at 12 months on Alzheimer's Disease Composite Score (ADCOMS), reached a 64% probability of being better than placebo with 25% less decline at 12 months, missing the pre-specified 80% probability threshold. However, the secondary endpoint of least squares mean change from baseline in amyloid PET Standard Uptake Value ratio (SUVr) at 18 months was significantly reduced for all dosage regimens, including Leqembi 10 mg/kg once every 2 weeks ($P < 0.001$ for all doses).

   Additionally, one Phase III, randomized, double-blind, placebo-controlled, multicenter study (CLARITY AD) was conducted in patients with mild cognitive impairment due to Alzheimer's disease and mild Alzheimer's disease dementia (n = 1,795).[4] CLARITY AD provided the basis for traditional FDA approval on July 6, 2023. In CLARITY AD, the adjusted mean change from baseline at Week 78 in the Clinical Dementia Rating-Sum of Boxes (CDR-SB) score demonstrated slowing of clinical progression for Leqembi vs. placebo (treatment difference -0.45; $P < 0.001$ [scores range from 0 to 18, with higher scores indicating greater disease severity]). However, this slowing of progression did not achieve clinical significance.[5]

   For the open-label extension of CLARITY AD, patients received Leqembi IV or SC through 48 months.[6] When comparing patients receiving Leqembi to matched Alzheimer's Disease Neuroimaging Initiative (ADNI) participants, the matched ADNI participants showed a similar decline out to 18 months as the CLARITY AD placebo group and continued to decline through 48 months. Patients receiving Leqembi (continuously through the CLARITY AD core study and in patients with a delayed start who initially received placebo in the core study) continued to benefit from treatment through 48 months, declining less rapidly than the matched ADNI participants on the CDR-SB scale. The adjusted mean change from baseline in the CDR-SB score demonstrated slowing of clinical progression for Leqembi vs. ADNI at 36 months with a treatment difference of -1.01 and at 48 months with a treatment difference of -1.75. Further evaluation is warranted once these data have been fully published.

   Leqembi can cause amyloid related imaging abnormalities-edema (ARIA-E) and amyloid related imaging abnormalities-hemosiderin deposition (ARIA-H), which includes microhemorrhage and superficial siderosis, which can be observed on magnetic resonance imaging (MRI).[1] A recent (within 1 year) MRI of the brain should be obtained prior to initiating treatment with Leqembi. The safety of Leqembi has not been evaluated in patients with prior cerebral hemorrhage > 1 cm in greatest diameter, more than four microhemorrhages, superficial siderosis, evidence of vasogenic edema, evidence of cerebral contusion, aneurysm, vascular malformation, infective lesions, multiple lacunar infarcts or stroke involving a major vascular territory, and severe small vessel or white matter disease. Enhanced clinical vigilance for asymptomatic amyloid related imaging abnormalities (ARIA) is recommended during the first seven doses of treatment with Leqembi, particularly during titration, because the majority of ARIA was observed during this time. MRIs of the brain should be obtained prior to the fifth infusion, seventh, and 14th infusion of Leqembi to evaluate for the presence of asymptomatic

ARIA. There is no experience in patients who continued dosing through symptomatic ARIA-E or through asymptomatic, but radiographically severe, ARIA-E. There is limited experience in patients who continued dosing through asymptomatic but radiographically mild to moderate ARIA-E. There are limited data in dosing patients who experienced recurrent ARIA-E.

Leqembi IQLIK approval relied upon existing safety and efficacy information for Leqembi IV. Leqembi IQLIK was evaluated in an unpublished sub-group analysis of the open-label extension (OLE) of CLARITY AD.[1,6] Data shows that transitioning to Leqembi IQLIK 360 mg SC once weekly after 18 months of the initiation dose (10 mg/kg IV every 2 weeks) maintains clinical and biomarker benefits comparable with continued IV dosing. Additionally, efficacy was assessed in pharmacokinetic and pharmacodynamic modeling using observed data from the CLARITY AD core study.[1]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Leqembi® intravenous infusion and Leqembi® IQLIK™ subcutaneous injection [prescribing information]. Nutley, NJ: Eisai; August 2025.
2. Alzheimer's Association. Alzheimer's disease facts and figures-2025. Available at: https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf. Accessed on September 22, 2025.
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. *Alzheimers Res Ther*. 2021;13(1):80.
4. van Dyck CH, Swanson CJ, Aisen P, et al. Lecanemab in early Alzheimer's disease. *N Engl J Med*. 2023;388(1):9-21.
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. *Alzheimers Dement*. 2019;5:354-363.
6. Eisai. Lecanemab subcutaneous formulation for maintenance dosing: the potential of a new and convenient option for ongoing treatment in early Alzheimer's disease [featured research session presentation]. Presented at: the Alzheimer's Association International Conference (AAIC) 2025; Toronto, Canada; July 27-31, 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	01/25/2023
Update	7/19/2023: Leqembi received traditional approval by the FDA on July 6, 2023 based on results from the CLARITY AD trial. No criteria changes.	--
Annual Revision	No criteria changes.	01/24/2024
Annual Revision	No criteria changes.	02/05/2025
Selected Revision	**Policy Name:** Updated from "Neurology – Leqembi" to "Neurology – Leqembi Intravenous and Leqembi IQLIK". **Leqembi IQLIK:** Added to the policy with no Recommended Authorization Criteria.	9/24/2025
Update	11/03/2025: **Policy Name:** Updated from "Neurology – Leqembi Intravenous and Leqembi IQLIK" to "Alzheimer's Disease – Amyloid Beta-Directed Antibodies – Leqembi Intravenous and Leqembi IQLIK".	--