Mount Carmel MediGold, Saint Alphonsus Health Plan, MercyOne Health Plan, Trinity Health Plan New York, Trinity Health Plan of Michigan

Department: Utilization Management

Policy Number & Title: 400.03.2 Monoclonal Antibodies

Effective Date: July 2023

Revision Date: December 2024

Effective April 7, 2022, the Centers for Medicare and Medicaid Services (CMS) offers coverage for Food & Drug Administration (FDA) covered monoclonal antibodies directed against amyloid for Alzheimer's disease (AD). Note, an FDA approval does not equate to Medicare coverage.

Per the Alzheimer's Association, there are three approved treatments for the diagnosis of Alzheimer's and all other types of dementias: aducanumab (Aduhelm), donanemab (Kisunla) and lecanemab (Leqembi). These monoclonal antibody treatments slow the progression of the disease when taken in the early stages and individuals could have more time in life to live independently. In late 2024, Aduhelm was discontinued by the manufacturer, and is no longer an available treatment option.

The treatment is administered through IV every 2 weeks, lasting 45-60 minutes at each infusion. The infusions can be done at a hospital or an infusion center.

FDA – Approved Monoclonal Antibodies

Generic Name	Brand Name	CPT Code
Lecanemab	Leqembi	J0174
Donanemab	Kisunla	J0175

Procedure:

1. **Review the authorization in Essette for the following**:
    a. Confirm all authorization information is built correctly and review receipt date/time for CMS timeliness and accuracy
    b. Review clinical documentation received for completeness—i.e. treatment history, infusions, MRI's, severity, presence of symptoms, etc.
2. **Review NCD/LCD Information:**
    a. Review National Coverage Determination NCD 200.3
    b. NCD - Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD) (200.3) (cms.gov)

c. The NCD does not have much established regarding medical necessity criteria, but does discuss clinical trial information that is beneficial to learn and understand

3. Review MCG for Initial Approval Criteria using:

a. **Guideline Lecanemab A-1058:**

i. Alzheimer disease, as indicated by **ALL** of the following, for initial course:

1. Age 50-90 years

2. Baseline MRI of brain completed within prior 12 months to evaluate for pre-existing amyloid-related imaging abnormalities (ARIA)

3. BMI greater than 17, less than 35

4. Diagnosis confirmation as indicated by **ALL** of the following:

a. Clinical Dementia Rating – Sum of Boxes (CDR-SB) of 0.5 to 9

b. Mild cognitive impairment or mild dementia due to Alzheimer disease with “AD-intermediate likelihood” or “probably AD” dementia using National Institute on Aging-Alzheimer’s Association (NIA-AA) core clinical criteria

c. Mini-Mental Status Examination (MMSE) score greater than or equal to 22

5. Positive biomarker for brain amyloid pathology, as indicated by **ONE or more** of the following:

a. Amyloid PET scan documenting imaging uptake in brain

b. Cerebrospinal fluid analysis documenting total tau or amyloid-beta

ii. No active uncontrolled bleeding disorder

iii. No current or prior malignancy within past 3 years

iv. No history of drug or alcohol abuse or dependence within prior 2 years

v. No history of TIA, stroke, or seizure within prior 12 months

vi. Patient HIV negative

vii. Patient not pregnant or breastfeeding

b. **Guideline NCD Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease (AD) (200.3) Version 1 N2003v1**

i. Patient appropriate for treatment, as indicated by **ALL** of the following:

1. Clinical diagnosis of mild cognitive impairment due to AD or mild AD dementia
2. Confirmed presence of amyloid beta pathology consistent with AD

ii. Treatment appropriate, as indicated by **ALL** of the following:

1. Monoclonal antibody directed against amyloid approved by

FDA for treatment of AD

2. Monoclonal antibody directed against amyloid furnished in appropriate clinical trial, as indicated by **ONE or more** of the following:
    a. FDA approval based upon evidence of efficacy from change in surrogate endpoint (eg, amyloid reduction) considered as reasonably likely to predict clinical benefit and treatment furnished as part of randomized controlled trial conducted under investigational new drug application
    b. FDA approval based upon evidence of efficacy from direct measure of clinical benefit and treatment furnished in CMS approved prospective comparative study
    c. FDA approved indication and treatment furnished as part of National Institutes of Health (NIH)-supported trials

iii. Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease are **NOT COVERED** for **ANY** of the following:
    1. Treatment of AD furnished outside of FDA approved randomized controlled trial, CMS approved study, or NIH supported study.

c. Patients treated with Leqembi who are ApoE4 homozygotes have a higher incidence of amyloid related imaging abnormalities (ARIA), including symptomatic and serious ARIA, compared to heterozygotes and noncarriers. Testing for ApoE4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. Prior to testing, prescribers should discuss with patients the risk of ARIA across genotypes and the implications of genetic testing results (See Medication Guide and Prescribing Information Warning).
d. Must be prescribed by, or in consultation with, a neurologist **AND**
e. Initial authorization will be the first 4 infusions
    i. Any additional infusions requested will be denied and reviewed in a future authorization.
f. If any infusions are missed, resume administration at the same dose as soon as possible.
g. Dosage/Administration for initial authorization
    i. The recommended dosage of Leqembi is 10 mg/kg that must be diluted then administered as an intravenous (IV) infusion over approximately one hour every two weeks.
        1. If anything outside of this dosage is requested, please note in your summary to the Medical Director (MD) for review against the literature.
h. Leqembi is contraindicated in patients with serious hypersensitivity to lecanemab-irmb or to any of the excipients of Leqembi. Reactions have

included angioedema and anaphylaxis (See Product Insert).
    i. No clinical recommendation would be given as an alternative.
4. Complete a Physician Review assessment with the criteria and rationale outlined above.
5. Route to appropriate MD Queue in Essette for Medical Director review after notified by UM management to do so.
6. Complete the authorization appropriately based on the decision made by the Medical Director.
7. When reviewing for subsequent Prior Authorization Requests for Leqembi,
    a. Continues to meet criteria for initial course, as outlined in steps 3a ii-vii.
    b. Review MCG Guideline Lecanemab A-1058 for subsequent course criteria, as indicated by **ALL** of the following:
        i. Clinical Dementia Rating-Sum of Boxes (CDR-SB) score of 0.5 to 9
        ii. Patient evaluated for evidence of ARIA on MRI prior to 5th dose, 7th dose and 14th dose
        iii. Patient with no radiographic evidence of ARIA, or has mild ARIA and is either asymptomatic or has mild clinical symptoms **AND**
    c. Lack of toxicity noted due to Leqembi administration (Toxicity defined as amyloid related imaging abnormalities-edema (ARIA-E), intracerebral hemorrhage, severe hypersensitivity reactions, etc.) **AND**
    d. Patient has not been noted to progress in their AD diagnosis to moderate or severe **AND**
    e. Clinical judgment will be used when reviewing if members are symptomatic, in conjunction with radiographic severity on each MRI. It is important to note if mild, moderate or severe radiographic severity is noted, as well as if ARIA is present in considering whether to continue treatment or to permanently discontinue. In patients who develop intracerebral hemorrhage greater than 1 cm in diameter during treatment from Leqembi, suspend dosing until MRI demonstrates radiographic stabilization and symptoms, if present, resolve. For ARIA-E, consider a follow-up MRI to assess for resolution after initial identification.
    f. Leqembi is contraindicated in patients with serious hypersensitivity to lecanemab-irmb or to any of the excipients of Leqembi. Reactions have included angioedema and anaphylaxis (See Product Insert).
8. Subsequent review will follow steps 4-6 above, with Medical Director review.