Leqembi (lecanemab-irmb)

Member and Medication Information * indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/Strength:	❑ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.
*Directions for use:	
Provider Information * indicates required field	
*Requesting Provider Name:	*NPI:
*Address:	
*Contact Person:	*Phone #:
*Fax #:	Email:
Medically Billed Information * indicates required field for all medically billed products	
*Diagnosis Code:	*HCPCS Code:
*Dosing Frequency:	*HCPCS Units per dose:
Servicing Provider Name:	NPI:
Servicing Provider Address:	
Facility/Clinic Name:	NPI:
Facility/Clinic Address:	
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at **855-828-4992**, to prevent processing delays.	

Criteria for Approval (ALL the following criteria must be met):

- ❑ The medication is prescribed by a board-certified neurologist or geriatrician
- ❑ The member has a diagnosis of Alzheimer's disease with mild cognitive impairment or mild dementia stage of disease as evidenced by the following within the past 6 months:
  - ❑ Documentation showing presence of amyloid abnormalities and / or the presence of amyloid beta pathology as determined by recent (within one year) PET scan or lumbar puncture, **AND**
  - ❑ Clinical Dementia Rating (CDR) global scale of 0.5 or 1.0 **AND**
  - ❑ Memory Box score of 0.5 or greater **AND**
  - ❑ Mini-Mental State Examination (MMSE) score of >22 **AND**
  - ❑ Have objective impairment in episodic memory as indicated by at least 1 standard deviation below age-adjusted mean in the Wechsler-Memory Scale-IV Logical Memory II (subscale) (WMS-IV LMII)
- ❑ The request includes documentation of a brain MRI within the past year without evidence of the following:
  - ❑ prior cerebral hemorrhage greater than 1 cm in greatest diameter
  - ❑ more than 4 microhemorrhages
  - ❑ superficial siderosis
  - ❑ vasogenic edema
  - ❑ cerebral contusion, aneurysm, vascular malformation, infective lesions, multiple lacunar infarcts or stroke involving a major vascular territory
  - ❑ severe small vessel or white matter disease

- ❑ The member has documented 3-month trial and failure of the following:
  - ❑ Cholinesterase inhibitor (e.g., donepezil, rivastigmine)
  - ❑ Memantine
- ❑ The member has not experienced any of the following:
  - ❑ Contraindication to amyloid testing (e.g., PET or brain MRI)
- ❑ The requested dose and dosing schedule follows the FDA-approved prescribing information.

Re-authorization Criteria:

- ❑ Absence of amyloid-related imaging abnormalities with edema (ARIA-E) or hemosiderin deposition (ARIA-H) before the 5th, 7th, and 14th infusions as determined by brain MRI
- ❑ Continued evidence of mild cognitive impairment as evidenced by an updated CDR global scale score ≤0.5, RBANS delayed memory index score ≤85, and MMSE score ≥24
- ❑ Titration up to 10 mg/kg maintenance dose

Initial Authorization: Up to six (6) months
Re-authorization: 6 months

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

_____ _____

Prescriber's Signature Date