

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	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.						
Exclusion Criteria	None.						
Required Medical Information	Medical records supporting the request must be provided, including documentation of registry participation and follow-up.						
Other Criteria	Must follow National Coverage Determination (NCD) 200.3 for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease (AD). https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=375&ncdver=1						
Age Restriction	None.						
Prescriber Restrictions	None.						
Coverage Duration	Six months initial and reauthorization. Dose will be approved according to the FDA-approved labeling or within accepted standards of medical practice. Patient’s physician must be participating in a registry (attestation required).						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1123 1511 1297"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J0174</td> <td>Leqembi (lecanemab-irmb) 1 mg injection</td> <td>Billing unit: 1 mg 200 mg/2 ml SDV 500 mg/5 ml SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J0174	Leqembi (lecanemab-irmb) 1 mg injection	Billing unit: 1 mg 200 mg/2 ml SDV 500 mg/5 ml SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025