UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1488-1
Program	Prior Authorization/Notification
Medication	*Leqembi® IQLIK™ (lecanemab-irmb) injection *This program applies to the subcutaneous formulations of Leqembi
P&T Approval Date	9/2025
Effective Date	11/1/2025

1. Background:

Leqembi is an amyloid beta-directed antibody indicated for the treatment of Alzheimer's disease. Treatment with Leqembi should be initiated in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was initiated in clinical trials.

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Leqembi IQLIK** will be approved based on **all** of the following criteria:

   a. Diagnosis of Alzheimer's disease

   -AND-

   b. Presence of amyloid beta pathology has been confirmed

   -AND-

   c. Patient has been established on intravenous **Leqembi** therapy under an active UnitedHealthcare medical benefit prior authorization

   -AND-

   d. Follow-up brain MRI has been completed after the initiation of intravenous **Leqembi** therapy

   -AND-

   e. Not used in combination with other Aβ monoclonal antibodies (mAbs) for Alzheimer's Disease (e.g., Kisunla)

Authorization will be issued for 12 months.

B. Reauthorization

1. **Leqembi IQLIK** will be approved based on **both** of the following criteria:

   a. Diagnosis of Alzheimer's disease

-AND-

b. Not used in combination with other Aβ monoclonal antibodies (mAbs) for Alzheimer's Disease (e.g., Kisunla)

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and Medical Necessity may be in place.

4. References:

1. Leqembi [Package insert]. Eisai, Inc. Nutley, NJ. August 2025.

Program	Prior Authorization/Notification – Leqembi® IQLIK™ (lecanemab-irmb)
Change Control	
9/2025	New program