

# BC PharmaCare Drug Information

The drug below is being considered for coverage under the BC PharmaCare program. PharmaCare is a government-funded drug plan that helps B.C. residents with the cost of eligible prescription drugs and medical supplies. For more information about PharmaCare, visit the [PharmaCare website](#).

PharmaCare reviews each drug for treating a specific illness or medical condition (also called an “indication”). If PharmaCare decides to cover a drug, that coverage applies only to the indication(s) specified. In some cases, PharmaCare covers a drug only for people who have not responded to other drugs that treat the same indication.

More information about the PharmaCare drug review process is provided on the last page of this document.

Drug information	
Generic name (scientific name)	<b>lecanemab</b>
Brand name	<b>Leqembi®</b>
Manufacturer	Eisai Canada
Indication	Adult patients with Alzheimer’s disease. Treatment with lecanemab should be initiated in patients with mild cognitive impairment or mild dementia stage of disease, who are apolipoprotein E ε4 (ApoE ε4) noncarriers or heterozygotes, and who have confirmed amyloid pathology. Lecanemab should be prescribed by clinicians with expertise in diagnosing, managing and treating patients with mild cognitive impairment or mild dementia stage of disease.
Has the drug been reviewed by CDA-AMC, or will CDA-AMC be reviewing it? (See note below.)	Yes For more information about the CDA-AMC Reimbursement Review (CRR) of lecanemab (Leqembi), <a href="#">Search the CDA-AMC Reports</a> .
Public input start date	<b>Wednesday, December 31, 2025</b>
Public input closing date	<b>Tuesday, January 27, 2026, at 11:59 pm</b>
How is the drug taken?	Lecanemab is given by intravenous (IV) infusion. It is administered directly into a vein through a small tube called an IV line.

Drug information	
How often is the drug given?	Lecanemab is given every two weeks.
General drug and/or drug study information	<p>The Ministry of Health is reviewing lecanemab for the treatment of Alzheimer’s disease in adults with the mild cognitive impairment or mild dementia stages of the disease who are apolipoprotein E ε4 (ApoE ε4) noncarriers or heterozygotes, and who have confirmed amyloid pathology. Lecanemab should be prescribed by clinicians with expertise in diagnosing, managing and treating patients with the mild cognitive impairment or mild dementia stage of disease.</p> <p>Alzheimer’s disease is the most common cause of dementia. It is a progressive brain disorder that slowly damages memory, thinking, and behavior, and it cannot be reversed. Researchers believe Alzheimer’s develops when certain proteins called amyloid beta and tau build up in the brain, interfering with normal function. The risk of Alzheimer’s increases with age, especially after 65. Other factors, such as family history, genetics, head injuries, chronic health conditions, and lifestyle choices, can also raise the risk. One well-known genetic factor is apolipoprotein E (ApoE), particularly the ApoE4 variant, which makes developing Alzheimer’s more likely.</p> <p>The mild stage of Alzheimer’s disease includes mild cognitive impairment and mild dementia. People in this stage may have memory lapses, trouble finding words, or difficulty with planning and problem-solving, but they can still manage most daily activities independently. This differs from later stages, where moderate Alzheimer’s causes noticeable confusion and increasing need for help with daily tasks, while severe Alzheimer’s leads to complete dependence for personal care and loss of communication.</p> <p>Lecanemab is a laboratory-made antibody that targets amyloid-beta, a protein that accumulates in the brains of people with Alzheimer’s disease. These protein clumps, called plaques and protofibrils, are thought to damage brain cells and contribute to memory and thinking problems. Lecanemab binds to these abnormal protein structures and helps the body’s immune system remove them.</p>

Drug information	
	<p>Studies looked at the following:</p> <ul style="list-style-type: none"> <li>• Changes from baseline in Clinical Dementia Rating – Sum of Boxes (CDR-SB)<sup>a</sup> at 18 months</li> <li>• Change from baseline in Alzheimer's Disease Assessment Scale-Cognitive Subscale, 14-item (ADAS-Cog14)<sup>b</sup> at 18 months</li> <li>• Health-related quality of life (HRQoL) as measured by changes from baseline to 18 months in Quality of Life in Alzheimer's Disease (QOL-AD)<sup>c</sup> and Zarit Burden Interview (ZBI)<sup>d</sup> scores.</li> <li>• Bad reactions</li> <li>• Serious bad reactions</li> <li>• Patients leaving the trial due to bad reactions</li> <li>• Bad reactions of special interest: Swelling in the brain seen on MRI scans (Amyloid-Related Imaging Abnormality – Edema [ARIA-E]), small areas of bleeding or iron deposits in the brain seen on MRI scans (Amyloid-Related Imaging Abnormality – Hemosiderin [ARIA-H]), infusion reactions, other hypersensitivity reactions, and a “yes” response to Columbia Suicide Severity Rating Scale (C-SSRS) suicidal ideation Type 4 or 5.</li> </ul>
Other considerations	None

Note:

CDA-AMC ([Canada's Drug Agency-L'Agence des Médicaments du Canada](#)) is a national organization that reviews drugs on behalf of Canadian public sector plans when drug manufacturers want those plans to provide coverage for the drug. For detailed information about the PharmaCare drug review process, including the role of the CDA-AMC Reimbursement Review (CRR) in that process, visit [How PharmaCare Decides Which Drugs to Cover](#).

<sup>a</sup> The Clinical Dementia Rating – Sum of Boxes (CDR-SB) is a scale used to assess how much Alzheimer's disease has affected a person's thinking and daily functioning. It scores six areas: memory, orientation, judgment, community involvement, home activities, and personal care, each from 0 (normal) to 3 (severe). The scores are added for a total between 0 and 18, with higher numbers showing greater impairment.

<sup>b</sup> The Alzheimer's Disease Assessment Scale-Cognitive Subscale (ADAS-Cog14) is a test used in Alzheimer's research to measure changes in thinking and memory. It includes 14 tasks that assess areas such as word recall, language, orientation, following instructions, and recognizing objects. Each task is scored, and the total score reflects the level of cognitive impairment—the higher the score, the greater the impairment. This tool helps researchers track whether treatments improve or slow the decline in cognitive function.

<sup>c</sup> The Quality of Life in Alzheimer's Disease (QOL-AD) is a questionnaire that measures quality of life for people with Alzheimer's disease. It asks about areas such as physical health, mood, relationships, daily activities, and overall life satisfaction. Each item is rated on a scale, and the combined score shows how the person or their caregiver perceives well-being.

<sup>d</sup> The Zarit Burden Interview (ZBI) is a questionnaire that measures how much stress and strain a caregiver experiences when caring for someone with a chronic illness such as Alzheimer's. It asks about emotional, physical, social, and financial impacts, and the total score shows the overall level of burden.

<b>Table of Comparators Used to Treat the Same Indication</b>		
<b>Generic Name (Brand Name) of Drug Comparator</b>	<b>Dosage Form</b>	<b>PharmaCare Status (if and how the drug is already covered)</b>
lecanemab (Leqembi)	Single-dose vial	Under Review
<b><i>Cholinesterase inhibitors</i></b>		
donepezil (generics)	Tablet	<a href="#">Limited Coverage</a>
galantamine (generics)	Capsule	<a href="#">Limited Coverage</a>
rivastigmine (generics)	Capsule	<a href="#">Limited Coverage</a>

### The Drug Review Process in B.C.

A manufacturer submits a request to the Ministry of Health (Ministry).

An independent group called the [Drug Benefit Council \(DBC\)](#) gives advice to the Ministry. The DBC looks at:

- whether the drug is safe and effective
- advice from a national group called [Canada's Drug Agency-L'Agence des médicaments du Canada \(CDA-AMC\)](#)
- what the drug costs and whether it is a good value to the citizens of B.C.
- ethical considerations related to covering or not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes PharmaCare coverage decisions by taking into account:

- existing PharmaCare policies, programs and resources
- the evidence-informed advice of the DBC
- the drugs already covered by PharmaCare to treat similar medical conditions
- the overall cost of covering the drug

For more information about the drug review process in B.C., visit: the [How PharmaCare decides which drugs to cover](#).

#### **This document provides information only.**

It does not take the place of advice from a physician or other qualified health care provider.