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)	**lecanemab**
Brand name	**Leqembi®**
Manufacturer	Eisai Limited
Indication	For 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 (early AD).
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), Search the CDA-AMC Reports.
Public input start date	**Wednesday, October 28, 2026**
Public input closing date	**Tuesday, November 24, 2026 at 11:59 pm**
How is the drug given?	Lecanemab is given by intravenous (IV) infusion. It is provided directly into the bloodstream through a vein.

Drug information	
How often is the drug given?	Lecanemab is given every two weeks.
General drug and/or drug study information	Lecanemab is being reviewed by the Ministry of Health for the treatment of adult patients with Alzheimer's disease. Treatment with lecanemab should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, who are apolipoprotein E ε4 (ApoE ε4) noncarriers or heterozygotes, and who have confirmed amyloid pathology. ApoE ε4 heterozygotes or non-carriers are people who have either one copy or no copies of the ApoE ε4 genetic variant. People with two copies are not included because of a higher risk of serious side effects from treatment. Confirmed amyloid pathology means tests have confirmed the presence of amyloid plaques in the brain. 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. Patients with MCI have impaired memory and difficulties with language. They may forget recent events or conversations, but are still able to function independently at this stage. The mild dementia phase of Alzheimer's disease is characterized by further memory loss, difficulties with functioning independently, and changes in behaviour. Lecanemab works by targeting a specific protein called amyloid-beta, which forms sticky plaques in the brains of people with Alzheimer's disease. Lecanemab binds to these plaques and helps the immune system clear them from the brain.

Drug information	
	Studies looked at the following: • Changes from baseline in the Clinical Dementia Rating Scale-Sum of Boxes (CDR-SB) scores at 18 months • Changes from baseline in Alzheimer's Disease Assessment Scale-Cognitive Subscale 14-item version (ADAS-Cog14) scores at 18 months • 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) questionnaire scores. • HRQoL as measured by changes from baseline to 18 months in in Zarit Burden Interview questionnaire scores. The ZBI is a widely used questionnaire that measures the emotional, physical, social, and financial stress experienced by family or informal caregivers. • Bad reactions • Serious bad reactions • Patients leaving the trial due to bad reactions • Bad reactions of special interest: Amyloid-related imaging abnormalities with brain swelling (ARIA-E), amyloid-related imaging abnormalities with areas of bleeding in the brain (ARIA-H), infusion reactions, hypersensitivity reactions, and suicidal ideation.
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.

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	**Dosage Form**	**PharmaCare Status (if and how the drug is already covered)**
lecanemab (Leqembi)	Vial	Under Review
Monoclonal antibody		

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	**Dosage Form**	**PharmaCare Status (if and how the drug is already covered)**
donanemab (Kisunla)	Vial	Under Review
Cholinesterase inhibitors		
donepezil (generics)	Tablet	Limited Coverage
galantamine (generics)	Capsule	Limited Coverage
rivastigmine (generics)	Capsule	Limited Coverage

The Drug Review Process in B.C.

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

An independent national organization called Canada's Drug Agency (CDA-AMC) provides evidence-based recommendations to public drug plans across Canada through its reimbursement review process.

As part of the CDA-AMC's Clinical Reimbursement Review process, the Canadian Drug Expert Committee (CDEC) makes reimbursement recommendations for non-oncology pharmaceuticals to the participating federal, provincial, and territorial publicly funded drug plans. In developing its recommendations, the CDEC considers:

- whether the drug is safe and effective
- 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 a BC PharmaCare coverage decision by considering:

- existing BC PharmaCare policies, programs and resources
- the evidence-informed advice of the CDA-AMC
- the recommendations and reimbursement conditions of the CDEC
- if a Ministry Initiated review, the advice of an independent expert group called the Drug Benefit Council (DBC)
- BC-specific patient input collected through the Your Voice website
- drugs already covered by BC PharmaCare that treat similar medical conditions
- the overall cost of covering the drug

Visit BC PharmaCare and Drug reviews for more information.

This document provides information only.
It does not take the place of advice from a physician or other qualified health care provider.