CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Alzheimer's Disease – Amyloid Beta-Directed Antibodies – Kisunla Utilization Management Medical Policy

- Kisunla™ (donanemab-azbt intravenous infusion – Lilly)

REVIEW DATE: 02/18/2026

OVERVIEW

Kisunla, an amyloid beta-directed antibody, is indicated for the treatment of **Alzheimer's disease** in patients with mild cognitive impairment or mild dementia stage of disease.[1]

Disease Overview

An estimated 7.2 million Americans ≥ 65 years of age are living with Alzheimer's dementia in 2025, with 74% of these people ≥ 75 years of age.[2] The number and proportion of older adults who have mild cognitive impairment due to Alzheimer's disease is difficult to estimate; however, a rough approximation suggests that 5 to 7 million older Americans may have mild cognitive impairment due to Alzheimer's disease. People with mild cognitive impairment due to Alzheimer's disease have biomarker evidence of brain changes due to the disease in addition to subtle problems with memory and thinking. Biomarker evidence includes abnormal levels of amyloid beta as evidenced on positron emission tomography (PET) scans and in analysis of cerebrospinal fluid, and decreased metabolism of glucose as shown on PET scans. These cognitive problems may be noticeable to the individual's family members and friends, but not to others, and they do not interfere with the person's ability to carry out everyday activities. The mild changes in cognitive abilities occur when the brain can no longer compensate for the damage and death of nerve cells due to Alzheimer's disease.

Clinical Efficacy

The efficacy of Kisunla was evaluated in one Phase III, randomized, double-blind, placebo-controlled, parallel-group, multicenter study (TRAILBLAZER-ALZ2) that included patients with early symptomatic Alzheimer's disease (mild cognitive impairment or Alzheimer's disease with mild dementia) [n = 1,736].[3] In TRAILBLAZER-ALZ2, in the combined (low/medium and high tau) population, the least-squares mean (LSM) change from baseline at Week 76 in the integrated Alzheimer's Disease Rating Scale (iADRS) score was -10.19 in the Kisunla arm and -13.11 in the placebo arm (treatment difference 2.92; $P < 0.001$), representing a 22.3% slowing of disease progression. In the low/medium tau population, the placebo-adjusted LSM change from baseline at 76 weeks for Clinical Dementia Rating-Sum of Boxes (CDR-SB) score was -0.67 (36.0% slowing of clinical progression), and in the combined population, the placebo-adjusted LSM change from baseline at 76 weeks for CDR-SB was -0.70 (28.9% slowing of clinical progression).

Of the 1,207 patients enrolled in the published 36 month TRAILBLAZER-ALZ 2 long term extension (LTE), the early start population, which consisted of 393 patients, had their treatment switched to placebo at Weeks 24, 52, or 76 weeks and 157 patients continued on Kisunla from the Phase 3 trial.[4] The delayed start population (n = 657) were switched from placebo to Kisunla. For the early start population who received at least one Kisunla infusion during the LTE, 74.3% of patients switched to placebo during the LTE. The primary efficacy endpoint analysis of change from baseline in CDR-SB score was -1.2 points in the early start Kisunla group vs. Alzheimer's Disease Neuroimaging Initiative (ADNI) control cohort at 3 years. Kisunla also demonstrated slowed disease progression in the delayed start group with a CDR-SB treatment difference of -0.8 points compared with ADNI group over 76 weeks of treatment. Using the

Clinical Dementia Rating Global (CDR-G) score (used for staging Alzheimer's disease), the early start group showed a 27% reduced risk of progressing to the next clinical stage of disease compared with the delayed start group (hazard ratio = 0.73; P <0.001). The early start group saved approximately 6.9 months vs. ADNI group as measured by the CDR-SB score at Year 3. The delayed start group saved approximately 5.6 months vs. ADNI group on CDR-SB progression at the end of the LTE and 1.5 years after starting Kisunla. Amyloid clearance (< 24 Centiloids) after starting Kisunla was similar between the early and delayed start groups at Week 24 (29.7% and 33.2%, respectively), Week 52 (66.1% and 66.7%, respectively), and Week 76 (76.4% and 76.5%, respectively). Early start patients who met treatment completion criteria by Week 52 of the Phase III trial, maintained amyloid levels of 10.99 Centiloids at Week 154.

Dosing Information
The recommended dosage of Kisunla is titrated every 4 weeks for three doses (350 mg, 700 mg, and 1,050 mg), followed by 1,400 mg once every 4 weeks, administered as an IV infusion.[1] Kisunla therapy may be stopped based on reduction of amyloid plaques to minimal levels on PET imaging. Kisunla must be administered by a healthcare professional at an infusion center.

Safety
Kisunla has a Boxed Warning regarding amyloid-related imaging abnormalities (ARIA).[1] Kisunla can cause amyloid-related imaging abnormalities-edema (ARIA-E) and amyloid-related imaging abnormalities-hemosiderin deposition (ARIA-H), which includes microhemorrhage and superficial siderosis, which can be observed on magnetic resonance imaging (MRI). A recent (within 1 year) MRI of the brain should be obtained prior to initiating treatment with Kisunla. The safety of Kisunla has not been evaluated in patients with prior cerebral hemorrhage > 1 cm in greatest diameter, more than four microhemorrhages, more than one area of superficial siderosis, severe white matter disease, and vasogenic edema. Enhanced clinical vigilance for asymptomatic ARIA is recommended during the first four doses of treatment with Kisunla, particularly during titration, because the majority of ARIA was observed during this time. MRIs of the brain should be obtained prior to the second, third, fourth, and seventh infusions of Kisunla to evaluate for the presence of asymptomatic ARIA. In addition to ARIA, intracerebral hemorrhages > 1 cm in diameter have occurred in patients treated with Kisunla. Symptomatic ARIA occurred in 6% of patients treated with Kisunla (n = 52/853) in the pivotal trial, and clinical symptoms associated with ARIA resolved in approximately 85% of affected patients (n = 44/52). Including asymptomatic radiographic events, ARIA was observed in 36% of patients treated with Kisunla vs. 14% of patients treated with placebo in the pivotal trial. ARIA-E and ARIA-H were observed in 24% and 31% of patients, respectively, treated with Kisunla vs. 2% and 13% of patients, respectively, receiving placebo.

POLICY STATEMENT
Prior Authorization is recommended for prescription benefit coverage of Kisunla. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Kisunla as well as the monitoring required for adverse events and long-term efficacy, approval requires Kisunla to be prescribed by a neurologist.

Documentation: Documentation is required for use of Kisunla as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory results, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Kisunla is recommended in those who meet the following criteria:

FDA-Approved Indication

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1. **Alzheimer's Disease.** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
     - **i.** Patient is ≥ 50 years of age; AND
     - **ii.** Patient has a Clinical Dementia Rating-Global Score of 0.5 (very mild dementia) or 1 (mild dementia) **[documentation required]**; AND
     - **iii.** Patient has a Mini-Mental State Examination (MMSE) score ≥ 20 **[documentation required]**; AND
     - **iv.** Patient meets BOTH of the following (a and b):
       - **a)** Patient has had a magnetic resonance imaging (MRI) of the brain within the past 1 year **[documentation required]**; AND
       - **b)** According to the prescriber, the MRI showed BOTH of the following [(1) and (2)]:
         - **(1)** ≤ 4 brain microhemorrhages, brain hemorrhage ≤ 1 cm, and ≤ 1 pre-treatment localized superficial siderosis; AND
         - **(2)** Medical or neurological conditions, other than Alzheimer's disease, that may be contributing to the patient's cognitive impairment were ruled out; AND
     - **v.** Patient has had a positive test for amyloid beta based on ONE of the following (a or b):
       - **a)** Positron Emission Tomography (PET) scan; OR
       - **b)** Cerebrospinal fluid (CSF) beta-amyloid$_{1-42}$; AND
     - **vi.** The medication is prescribed by or under the supervision of a neurologist; OR
   - **B)** Patient is Currently Receiving Kisunla. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
     - **i.** Patient has not progressed beyond a Clinical Dementia Rating-Global Score of 1 **[documentation required]**; AND
     - **ii.** Patient has undergone MRI monitoring for amyloid related imaging abnormalities (ARIA) **[documentation required]** AND meets ONE of the following (a or b)
       - **a)** Patient does not have ARIA; OR
       - **b)** According to the prescriber, continuation of therapy is appropriate; AND
     - **iii.** The medication is prescribed by or under the supervision of a neurologist.

   Dosing. Approve ONE of the following dosing regimens (A or B):
   - **A)** Initial Therapy. Approve the following dosage regimen (i and ii):
     - **i.** Initial dose: 350 mg administered by intravenous (IV) infusion, followed by 700 mg IV infusion 4 weeks after first infusion, followed by 1,050 mg IV infusion 4 weeks after second infusion; AND
     - **ii.** Subsequent doses: Starting 12 weeks after first infusion, 1,400 mg administered by intravenous infusion every 4 weeks; OR
   - **B)** Patients currently receiving Kisunla: Approve 1,400 mg administered by intravenous infusion every 4 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Kisunla is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Kisunla™ intravenous infusion [prescribing information]. Indianapolis, IN: Lilly; July 2025.
2. Alzheimer's Association. Alzheimer's disease facts and figures-2025. Available at: https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf. Accessed on February 18, 2026.
3. Sims JR, Zimmer JA, Evans CD, et al, for the TRAILBLAZER-ALZ 2 Investigators. Donanemab in early symptomatic Alzheimer disease: The TRAILBLAZER-ALZ 2 randomized clinical trial. *JAMA*. 2023;330(6):512-527.
4. Zimmer JA, Sims JR, Evans CD, et al. Donanemab in early symptomatic Alzheimer's disease: results from the TRAILBLAZER-ALZ 2 long-term extension. *J Prev Alzheimer's Dis*. Published online December 1, 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	07/24/2024
Annual Revision	No criteria changes.	07/16/2025
Selected Revision	11/03/2025: **Policy Name:** Updated from "Neurology – Kisunla" to "Alzheimer's Disease – Amyloid Beta-Directed Antibodies – Kisunla".	--
Early Annual Revision	**Policy Statement:** The Policy Statement was modified from "Due to safety concerns and the lack of clinically significant efficacy data, approval is not recommended for Kisunla" to as listed. **Alzheimer's Disease:** This condition of approval was added. **Conditions Not Recommended for Approval:** Removed Alzheimer's Disease.	02/18/2026