## FACT SHEET ON LECANEMAB



Answering real questions from those living with Alzheimer's disease and members of the public on the latest treatment to enter the market.

What is the new drug for Alzheimer's?

Do I need a diagnosis to receive the drug?

Who can prescribe the drug for me?

Has the drug been approved by the FDA?

How soon will the drug be available?

Who is not qualified to take Lacanemab?

How does Lecanemab work?

Will it cure Alzheimer's?

Will it work for other types of dementia?

What benefits could taking the drug have for me?

Will it have interactions with other medications?

How do I find out where I can get the drug?

Lecanemab is a new treatment for Alzheimer's disease that was recently granted traditional approval by The Food and Drug Administration (FDA). This has been shown to moderately slow cognitive and functional decline in early-stage cases of the disease.

Yes, you would need to be diagnosed with Alzheimer's disease, and otherwise fit the prescribing criteria according to the FDA, which is often referred to as the "label."

A doctor can prescribe Lecanemab. However, your primary physician may want you to work with a specialist practitioner to monitor your health and any side effects while taking Lecanemab.

Yes, it was granted full approval after a review of data by the FDA.

This drug is approved only for people with a diagnosis of mild cognitive impairment and mild dementia due to Alzheimer's disease.

Lecanemab targets amyloid protein in the brain and then 'triggers' the brain's immune system to clear it out.

Lecanemab is not a cure for Alzheimer's disease. The medication slows the disease so that people stay at milder stages for a longer time.

Lecanemab is only for people with Alzheimer's disease.

The clinical trial research showed a slowing of decline of activities of daily living by 37%, a critical indicator of the quality of life of people living with Alzheimer's and their care partners. Additionally, data showed that the treatment delayed progression of cognitive loss by 27% percent compared to placebo, which could equate to months or years of benefit to patients in terms of engaging with loved ones and living independently.

There are no contra-indications for Lecanemab.

The first step is to speak with your doctor about your options.

What are the side effects? Is it safe?

Is the drug a tablet? How often do I take it?

How much will the drug cost? What are the other expenses I will incur to receive the drug?

Is there any assistance program for me to help me pay?

Will my insurance company cover the drug?

Will Medicare pay for the drug? If not now, how soon?

Do I need the drug for the rest of my life?

Must someone accompany me to my infusions?

Will the drug stop the progression of my dementia?

If I am unhappy with the drug, can I stop treatments at any time?

Are there other drugs available or in development for the different stages of Alzheimer's? Participants in the lecanamab clinical trial are at slightly higher risk for cerebral microhemorrhages and transient brain swelling, and while for most these events were asymptomatic, not a serious health risk and resolved on their own, anyone taking Lecanemab should be monitored closely by their health care provider for any adverse health events.

## Lecanemab is given to patients intravenously, every other week.

The cost to each person will depend on their insurance coverage and eligibility for any needs-based assistance. There may be additional costs associated with medical appointments and receiving infusion treatments.

Yes, the companies that developed Lecanemab have programs to help determine your insurance coverage and manage out-of-pocket costs. You can find more information here: <a href="https://www.eisaireimbursement.com/patient/leqembi/">https://www.eisaireimbursement.com/patient/leqembi/</a>

Your insurance coverage will depend on your carrier and plan.

Following full FDA approval, Medicare has indicated they will provide broad coverage for Lecanemab for patients who are medically eligible. Voices of Alzheimer's will continue to keep pressure on Medicare to ensure patients have access to the treatment.

## Research on long-term use of Lecanemab is ongoing.

Your healthcare provider can give you recommendations on what kinds of support you should plan to have depending on your needs.

There is currently no evidence that it helps people with moderate- or late-stage Alzheimer's disease, and it cannot reverse brain damage, memory loss, or other symptoms. However, Lecanemab was shown in clinical trials to slow the progression of Alzheimer's disease in people with mild cognitive impairment and mild dementia due to Alzheimer's.

Yes, you can stop treatment at any time.

There is one other disease-modifying therapy approved by the FDA for Alzheimer's disease, called Aducanumab, and a number of other symptomatic treatments available. There are also drugs in the development pipeline that are being investigated for Alzheimer's and other diseases that cause dementia.

