

# From diagnosis to infusion

## YOUR ROAD MAP FOR LEQEMBI®



**Miyoko** is an actual patient with AD. Patient not on LEQEMBI.

This document will inform you of the steps required for diagnosis to infusion in order to initiate LEQEMBI in appropriate patients.

AD=Alzheimer's disease.



### INDICATION

LEQEMBI is 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.


### Select Safety Information: **Boxed WARNING**

#### **WARNING: AMYLOID RELATED IMAGING ABNORMALITIES (ARIA)**


- **Monoclonal antibodies directed against aggregated forms of amyloid beta, including LEQEMBI, can cause amyloid related imaging abnormalities (ARIA), characterized as ARIA with edema (ARIA-E) and ARIA with hemosiderin deposition (ARIA-H). Incidence and timing of ARIA vary among treatments. ARIA usually occurs early in treatment and is usually asymptomatic, although serious and life-threatening events rarely can occur. Serious intracerebral hemorrhages >1 cm, some of which have been fatal, have been observed in patients treated with this class of medications.**
  - **Apolipoprotein E ε4 (ApoE ε4) Homozygotes:** Patients who are ApoE ε4 homozygotes (approximately 15% of Alzheimer's disease patients) treated with this class of medications, including LEQEMBI, have a higher incidence of ARIA, including symptomatic, serious, and severe radiographic ARIA, compared to heterozygotes and noncarriers. Testing for ApoE ε4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. Prior to testing, prescribers should discuss with patients the risk of ARIA across genotypes and the implications of genetic testing results. Prescribers should inform patients that if genotype testing is not performed, they can still be treated with LEQEMBI; however, it cannot be determined if they are ApoE ε4 homozygotes and at higher risk for ARIA.
- **Consider the benefit of LEQEMBI for the treatment of Alzheimer's disease and potential risk of serious adverse events associated with ARIA when deciding to initiate treatment with LEQEMBI.**

Please see additional Select Safety Information throughout and [click here](#) for full Prescribing Information for LEQEMBI, including Boxed WARNING.

## Overview of steps from diagnosis to treatment with LEQEMBI®

1   
Check for cognitive impairment

2   
Rule out non-AD causes


3   
Confirm AD diagnosis

Testing for ApoE ε4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. Prescribers should inform patients that if genotype testing is not performed they can still be treated with LEQEMBI


.....>  
Diagnose and prepare<sup>1-3</sup>

AD=Alzheimer's disease; ApoE ε4=apolipoprotein E ε4; ARIA=amyloid-related imaging abnormality.





4 Conduct baseline MRI to evaluate for pre-existing ARIA and initiate LEQEMBI®



5 Perform follow-up MRIs to monitor for ARIA

.....>

Initiate treatment and monitor for safety and infusion reactions<sup>1</sup>

ARIA=amyloid-related imaging abnormality; MRI=magnetic resonance imaging.

3 Please see additional Select Safety Information throughout and [click here](#) for full Prescribing Information for LEQEMBI, including Boxed WARNING.



# Diagnose and prepare for LEQEMBI®



## Step 1: Check for cognitive impairment: clinical evaluation for MCI due to AD and mild AD dementia

LEQEMBI is 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.<sup>1</sup>

To assess for these diagnoses, conduct the following tests:

### Use MCI due to AD-sensitive and/or mild AD dementia-sensitive cognitive assessments

- › When cognitive changes in a patient are first suspected, cognitive assessment is necessary using diagnostic tools calibrated to detect early AD<sup>4,5</sup>
- › Use an MCI due to AD-sensitive and/or mild AD dementia-sensitive tool such as MoCA, Qmci screen, MMSE, Mini-Cog, SLUMS, and AD8<sup>2,3,6,7</sup>
- › Notes \_\_\_\_\_



## Step 2: Rule out non-AD causes, differential diagnosis

- › As a part of diagnosis, structural imaging tests should be conducted to rule out other causes of MCI not related to AD, such as tumors, evidence of small or large strokes, damage from severe head trauma, or a buildup of fluid in the brain<sup>2,8</sup>
- › Test used (eg, CT scan, MRI)<sup>2,8</sup>
- › Lab work should be conducted to rule out other conditions that may cause cognitive dysfunction such as vitamin B12 deficiency and thyroid diseases<sup>9</sup>
- › Notes \_\_\_\_\_



## Step 3: Confirm AD diagnosis with presence of Aβ pathology

- › Biomarker-confirmed AD diagnosis allows for the identification of patients appropriate for Aβ-targeting therapy<sup>10</sup>
- › Options for performing Aβ confirmation include amyloid PET scans, CSF assays, BBBM assays<sup>\*10,11</sup>
- › Notes \_\_\_\_\_

\*BBBM analysis is currently under investigation as a newer alternative to PET imaging and CSF-based testing methods for AD.<sup>10,12</sup>

Aβ=amyloid beta; AD=Alzheimer's disease; AD8=Eight-item Informant Interview to Differentiate Aging and Dementia; BBBM=blood-based biomarker; CSF=cerebrospinal fluid; CT=computed tomography; MCI=mild cognitive impairment; MMSE=Mini-Mental State Examination; MoCA=Montreal Cognitive Assessment; MRI=magnetic resonance imaging; PET=positron emission tomography; Qmci=Quick Mild Cognitive Impairment; SLUMS=Saint Louis University Mental Status.

## CONTRAINDICATION

LEQEMBI is contraindicated in patients with serious hypersensitivity to lecanemab-irmb or to any of the excipients of LEQEMBI. Reactions have included angioedema and anaphylaxis.

## WARNINGS AND PRECAUTIONS ARIA

- LEQEMBI can cause ARIA-E and ARIA-H. ARIA-E can be observed on MRI as brain edema or sulcal effusions, and ARIA-H as microhemorrhage and superficial siderosis. ARIA can occur spontaneously in patients with Alzheimer's disease. ARIA-H associated with monoclonal antibodies directed against aggregated forms of beta amyloid generally occurs in association with an occurrence of ARIA-E. ARIA-H and ARIA-E can occur together.
- ARIA usually occurs early in treatment and is usually asymptomatic, although serious and life-threatening events, including seizure and status epilepticus, rarely can occur. Reported symptoms associated with ARIA may include headache, confusion, visual changes, dizziness, nausea, and gait difficulty. Focal neurologic deficits may also occur. Symptoms associated with ARIA usually resolve over time.

## WARNINGS AND PRECAUTIONS ARIA: ARIA Monitoring and Dose Management Guidelines

- Obtain recent baseline brain magnetic resonance imaging (MRI) prior to initiating treatment with LEQEMBI. Obtain an MRI prior to the 5th, 7th and 14th infusions.

# Diagnose and prepare for LEQEMBI®



## Treatment consideration: ApoE ε4 status

- ▶ **Testing for ApoE ε4 status should be performed** prior to initiation of treatment to inform the risk of developing ARIA. Prior to testing, prescribers should discuss with patients the risk of ARIA across genotypes and the implications of genetic testing results. Prescribers should inform patients that if genotype testing is not performed they can still be treated with LEQEMBI; however, it cannot be determined if they are ApoE ε4 homozygotes and at higher risk for ARIA<sup>1</sup>
- ▶ The recommendations on management of ARIA do not differ between ApoE ε4 carriers and noncarriers<sup>1</sup>
- ▶ An FDA-authorized test for the detection of ApoE ε4 alleles to identify patients at risk of ARIA if treated with LEQEMBI is not currently available. Tests currently available to identify ApoE ε4 alleles may vary in accuracy and design<sup>1</sup>

ApoE ε4=apolipoprotein E ε4; ARIA=amyloid-related imaging abnormality.

## WARNINGS AND PRECAUTIONS ARIA: **ARIA Monitoring and Dose Management Guidelines (cont'd)**

- Recommendations for dosing in patients with ARIA-E and ARIA-H depend on clinical symptoms and radiographic severity. Depending on ARIA severity, use clinical judgment in considering whether to continue dosing, temporarily discontinue treatment, or permanently discontinue LEQEMBI.
- Enhanced clinical vigilance for ARIA is recommended during the first 14 weeks of treatment with LEQEMBI. If a patient experiences symptoms suggestive of ARIA, clinical evaluation should be performed, including MRI if indicated. If ARIA is observed on MRI, careful clinical evaluation should be performed prior to continuing treatment.
- There is no experience in patients who continued dosing through symptomatic ARIA-E or through asymptomatic, but radiographically severe, ARIA-E. There is limited experience in patients who continued dosing through asymptomatic but radiographically mild to moderate ARIA-E. There are limited data in dosing patients who experienced recurrent ARIA-E.

## WARNINGS AND PRECAUTIONS ARIA: **Incidence of ARIA**

- In Study 2, symptomatic ARIA occurred in 3% (29/898) of LEQEMBI-treated patients. Serious symptoms associated with ARIA were reported in 0.7% (6/898) of patients treated with LEQEMBI. Clinical symptoms associated with ARIA resolved in 79% (23/29) of patients during the period of observation.
- Including asymptomatic radiographic events, ARIA was observed in LEQEMBI: 21% (191/898); placebo: 9% (84/897). ARIA-E was observed in LEQEMBI: 13% (113/898); placebo: 2% (15/897). ARIA-H was observed in LEQEMBI: 17% (152/898); placebo: 9% (80/897). There was no increase in isolated ARIA-H for LEQEMBI vs placebo.

## WARNINGS AND PRECAUTIONS ARIA: **ApoE ε4 Carrier Status and Risk of ARIA**

- In Study 2, 16% (141/898) of patients in the LEQEMBI arm were ApoE ε4 homozygotes, 53% (479/898) were heterozygotes, and 31% (278/898) were noncarriers.
- The incidence of ARIA was higher in ApoE ε4 homozygotes (LEQEMBI: 45%; placebo: 22%) than in heterozygotes (LEQEMBI: 19%; placebo: 9%) and noncarriers (LEQEMBI: 13%; placebo: 4%). Among patients treated with LEQEMBI, symptomatic ARIA-E occurred in 9% of ApoE ε4 homozygotes compared with 2% of heterozygotes and 1% of noncarriers. Serious events of ARIA occurred in 3% of ApoE ε4 homozygotes, and approximately 1% of heterozygotes and noncarriers.
- The recommendations on management of ARIA do not differ between ApoE ε4 carriers and noncarriers.

# Initiate treatment with LEQEMBI® and monitor for safety

## Step 4: Evaluate for pre-existing ARIA and initiate LEQEMBI<sup>1</sup>

- › Obtain or review and document a recent baseline brain MRI prior to initiating treatment with LEQEMBI
- › LEQEMBI can cause ARIA, characterized as ARIA-E, which can be observed on MRI as brain edema or sulcal effusions, and ARIA-H, which includes microhemorrhage and superficial siderosis. ARIA-H can also occur spontaneously in patients with AD

The recommended dosage of LEQEMBI is 10 mg/kg that must be diluted then administered as an IV infusion over approximately 1 hour, once every 2 weeks.

- › If an infusion is missed, administer the next dose as soon as possible

### Fax or email the following information to the infusion center with the infusion order form prior to first infusion:

- › Patient's demographic and insurance information
- › Patient's complete and current medication list

### Follow-up infusions:

- › After each infusion, ensure the patient/caregiver has confirmed an appointment for their next infusion in 2 weeks (see next step on page 9)

For assistance finding a location for your patients to receive their LEQEMBI treatment, visit the LEQEMBI locator tool.\*



Visit [LEQEMBILocator.com](https://www.leqembiLocator.com)

You can also register your practice as an infusion center for LEQEMBI.



Visit [infusioncenter.org/login](https://www.infusioncenter.org/login)

\*This tool is developed, hosted and maintained by NICA, an organization independent from Eisai. Eisai does not control or validate the content on the NICA Infusion Center Locator website. By making this link available, Eisai is not endorsing or recommending any particular infusion provider. The list of infusion providers searchable in the Locator is not comprehensive. Other infusion providers may be available to patients. An infusion site that would like to request to be added to the NICA Infusion Center Locator may contact NICA. When using the NICA Infusion Center Locator, it is the responsibility of the referring prescriber and/or patient to contact the site directly for any site-specific questions, including to confirm whether a site offers the prescribed medication, accepts the patient's insurance, and has schedule availability.

AD=Alzheimer's disease; ARIA=amyloid-related imaging abnormality; ARIA-E=amyloid-related imaging abnormality-edema; ARIA-H=amyloid-related imaging abnormality-hemosiderin deposition; IV=intravenous; MRI=magnetic resonance imaging.

## WARNINGS AND PRECAUTIONS ARIA: Radiographic Findings

- The majority of ARIA-E radiographic events occurred early in treatment (within the first 7 doses), although ARIA can occur at any time and patients can have more than 1 episode. The maximum radiographic severity of ARIA-E in patients treated with LEQEMBI was mild in 4% (37/898), moderate in 7% (66/898), and severe in 1% (9/898). Resolution on MRI occurred in 52% of ARIA-E patients by 12 weeks, 81% by 17 weeks, and 100% overall after detection. The maximum radiographic severity of ARIA-H microhemorrhage in LEQEMBI-treated patients was mild in 9% (79/898), moderate in 2% (19/898), and severe in 3% (28/898) of patients; superficial siderosis was mild in 4% (38/898), moderate in 1% (8/898), and severe in 0.4% (4/898). Among LEQEMBI-treated patients, the rate of severe radiographic ARIA-E was highest in ApoE  $\epsilon$ 4 homozygotes 5% (7/141), compared to heterozygotes 0.4% (2/479) or noncarriers 0% (0/278). Among LEQEMBI-treated patients, the rate of severe radiographic ARIA-H was highest in ApoE  $\epsilon$ 4 homozygotes 13.5% (19/141), compared to heterozygotes 2.1% (10/479) or noncarriers 1.1% (3/278).

## WARNINGS AND PRECAUTIONS ARIA: Intracerebral Hemorrhage

- Intracerebral hemorrhage >1 cm in diameter was reported in 0.7% (6/898) of patients in Study 2 after treatment with LEQEMBI compared to 0.1% (1/897) on placebo. Fatal events of intracerebral hemorrhage in patients taking LEQEMBI have been reported.

Please see additional Select Safety Information throughout and [click here](#) for full Prescribing Information for LEQEMBI, including Boxed WARNING.

 **LEQEMBI**  
(lecanemab-irmb) 100 mg/mL  
INJECTION FOR INTRAVENOUS USE

# Initiate treatment with LEQEMBI® and monitor for safety



## DILUTION<sup>1</sup>

- › Each mL of solution contains 100 mg of lecanemab-irmb and arginine hydrochloride (42.13 mg), histidine (0.18 mg), histidine hydrochloride monohydrate (4.99 mg), polysorbate 80 (0.50 mg), and Water for Injection at an approximate pH of 5.0
- › Before every infusion, calculate the dose (mg), the total volume (mL) of LEQEMBI solution required, and the number of vials needed based on the patient's actual body weight and the recommended dose of 10 mg/kg
- › Use aseptic technique when preparing the LEQEMBI diluted solution for IV infusion
- › Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Check that the LEQEMBI solution is clear to opalescent and colorless to pale yellow. Do not use if opaque particles, discoloration, or other foreign particles are present
- › Remove the flip-off cap from the vial. Insert the sterile syringe needle into the vial through the center of the rubber stopper
- › Withdraw the required volume of LEQEMBI from the vial(s) and add to an infusion bag containing 250 mL of 0.9% Sodium Chloride Injection, USP
- › Each vial is for one-time use only. Discard any unused portion
- › Gently invert the infusion bag containing the LEQEMBI diluted solution to mix completely. Do not shake

## ADMINISTRATION<sup>1</sup>

- › Visually inspect the LEQEMBI diluted solution for particles or discoloration prior to administration. Do not use if it is discolored, or opaque, or foreign particles are seen
- › Prior to infusion, allow the LEQEMBI diluted solution to warm to room temperature
- › Infuse the entire volume of LEQEMBI diluted solution intravenously over approximately 1 hour through an IV line containing a terminal low-protein binding 0.2 micron in-line filter. Flush infusion line to ensure all LEQEMBI is administered
- › Monitor for any signs or symptoms of an infusion-related reaction. The infusion rate may be reduced, or the infusion may be discontinued, and appropriate therapy administered as clinically indicated. Consider pre-medication at subsequent dosing with antihistamines, nonsteroidal anti-inflammatory drugs, or corticosteroids

IV=intravenous.

## WARNINGS AND PRECAUTIONS ARIA: Intracerebral Hemorrhage Concomitant Antithrombotic Medication

- In Study 2, baseline use of antithrombotic medication (aspirin, other antiplatelets, or anticoagulants) was allowed if the patient was on a stable dose. The majority of exposures to antithrombotic medications were to aspirin. Antithrombotic medications did not increase the risk of ARIA with LEQEMBI. The incidence of intracerebral hemorrhage was 0.9% (3/328 patients) in patients taking LEQEMBI with a concomitant antithrombotic medication at the time of the event compared to 0.6% (3/545 patients) in those who did not receive an antithrombotic. Patients taking LEQEMBI with an anticoagulant alone or combined with an antiplatelet medication or aspirin had an incidence of intracerebral hemorrhage of 2.5% (2/79 patients) compared to none in patients who received placebo.
- Because intracerebral hemorrhages >1 cm in diameter have been observed in patients taking LEQEMBI, additional caution should be exercised when considering the administration of anticoagulants or a thrombolytic agent (e.g., tissue plasminogen activator) to a patient already being treated with LEQEMBI.

Please see additional Select Safety Information throughout and [click here](#) for full Prescribing Information for LEQEMBI, including Boxed WARNING.



# Initiate treatment with LEQEMBI® and monitor for safety

## PATIENT COUNSELING INFORMATION<sup>1</sup>

Advise the patient and/or caregiver to read the FDA-approved patient labeling (Medication Guide).

### Amyloid Related Imaging Abnormalities

- › Inform patients that LEQEMBI may cause Amyloid-Related Imaging Abnormalities or “ARIA”. ARIA most commonly presents as a temporary swelling in areas of the brain that usually resolves over time. Some people may also have small spots of bleeding in or on the surface of the brain
- › Inform patients that most people with swelling in areas of the brain do not experience symptoms; however, some people may experience symptoms such as headache, confusion, dizziness, vision changes, nausea, aphasia, weakness, or seizure. Instruct patients to notify their healthcare provider if these symptoms occur
- › Inform patients that events of intracerebral hemorrhage greater than 1 cm in diameter have been reported infrequently in patients taking LEQEMBI, and that the use of anticoagulant or thrombolytic medications while taking LEQEMBI may increase the risk of bleeding in the brain
- › Notify patients that their healthcare provider will perform MRI scans to monitor for ARIA
- › Inform patients that although ARIA can occur in any patient treated with LEQEMBI, there is an increased risk in patients who are ApoE ε4 homozygotes and that testing for ApoE ε4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA
- › Prior to testing, discuss with patients the risk of ARIA across genotypes and the implications of genetic testing results
- › Inform patients that if testing is not performed, it cannot be determined if they are ApoE ε4 homozygotes and at a higher risk for ARIA

### Patient Registry

- › Advise patients that the Alzheimer’s Network for Treatment and Diagnostics (ALZ-NET) is a voluntary provider-enrolled patient registry that collects information on treatments for AD, including LEQEMBI. Encourage patients to participate in the ALZ-NET registry

### Hypersensitivity Reactions

- › Inform patients that hypersensitivity reactions, including angioedema and anaphylaxis have occurred in patients who were treated with LEQEMBI. Advise patients to seek immediate medical attention if they experience any symptoms of serious or severe hypersensitivity reactions

### Infusion-Related Reactions

- › Advise patients of the potential risk of infusion-related reactions, which can include flu-like symptoms, nausea, vomiting, and changes in blood pressure, the majority of which occur with the first infusion

AD=Alzheimer’s disease; ApoE ε4=apolipoprotein E ε4; ARIA=amyloid-related imaging abnormality; MRI=magnetic resonance imaging.

## WARNINGS AND PRECAUTIONS **ARIA: Intracerebral Hemorrhage** *Other Risk Factors for Intracerebral Hemorrhage*

- Patients were excluded from enrollment in Study 2 for findings on neuroimaging that indicated an increased risk for intracerebral hemorrhage. These included findings suggestive of cerebral amyloid angiopathy (prior cerebral hemorrhage >1 cm in greatest diameter, >4 microhemorrhages, superficial siderosis, vasogenic edema) or other lesions (aneurysm, vascular malformation) that could potentially increase the risk of intracerebral hemorrhage. The presence of an ApoE ε4 allele is also associated with cerebral amyloid angiopathy, which has an increased risk for intracerebral hemorrhage. Caution should be exercised when considering the use of LEQEMBI in patients with factors that indicate an increased risk for intracerebral hemorrhage and in particular for patients who need to be on anticoagulant therapy.

## WARNINGS AND PRECAUTIONS **HYPERSENSITIVITY REACTIONS**

Hypersensitivity reactions, including angioedema, bronchospasm, and anaphylaxis, have occurred in LEQEMBI-treated patients. Promptly discontinue the infusion upon the first observation of any signs or symptoms consistent with a hypersensitivity reaction, and initiate appropriate therapy.

Please see additional **Select Safety Information** throughout and [click here](#) for full **Prescribing Information** for LEQEMBI, including **Boxed WARNING**.





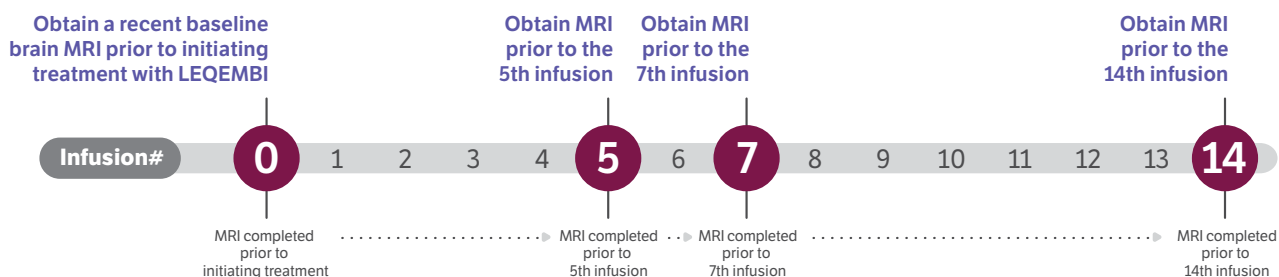
# Initiate treatment with LEQEMBI® and monitor for safety



## Step 5: Perform follow-up MRIs to monitor for ARIA<sup>1</sup>

- › Enhanced clinical vigilance for ARIA is recommended during the first 14 weeks of treatment with LEQEMBI. If a patient experiences symptoms suggestive of ARIA, clinical evaluation should be performed, including MRI, if indicated
- › After initiation of treatment with LEQEMBI, obtain an MRI prior to the 5th, 7th, and 14th infusions
- › If ARIA is observed on MRI, careful clinical evaluation should be performed prior to continuing treatment. (See page 10 for dosing interruptions)
- › In patients who suspend dosing due to ARIA-E or mild to moderate ARIA-H, consider a follow-up MRI to assess for resolution or stabilization 2 to 4 months after initial identification. Resumption of dosing should be guided by clinical judgment

*Note: If infusions are being administered at a facility that is separate from that of the prescribing neurologist, the infusion center and prescriber will need to communicate to ensure that patients receive the additional MRIs before the 5th, 7th, and 14th infusions are administered.*



**Do NOT administer the 5th, 7th, and 14th infusion until the additional MRIs have been completed and confirmed**

ARIA=amyloid-related imaging abnormality; ARIA-E=amyloid-related imaging abnormality-edema; ARIA-H=amyloid-related imaging abnormality-hemosiderin deposition; MRI=magnetic resonance imaging.

## WARNINGS AND PRECAUTIONS INFUSION-RELATED REACTIONS

- In Study 2, infusion-related reactions were observed in LEQEMBI: 26% (237/898); placebo: 7% (66/897), and the majority of cases in LEQEMBI-treated patients (75%, 178/237) occurred with the first infusion. Infusion-related reactions were mostly mild (69%) or moderate (28%) in severity. Infusion-related reactions resulted in discontinuations in 1% (12/898) of LEQEMBI-treated patients. Symptoms of infusion-related reactions included fever and flu-like symptoms (chills, generalized aches, feeling shaky, and joint pain), nausea, vomiting, hypotension, hypertension, and oxygen desaturation.
- In the event of an infusion-related reaction, the infusion rate may be reduced, or the infusion may be discontinued, and appropriate therapy initiated as clinically indicated. Prophylactic treatment with antihistamines, acetaminophen, nonsteroidal anti-inflammatory drugs, or corticosteroids prior to future infusions may be considered.

# Initiate treatment with LEQEMBI® and monitor for safety

## RECOMMENDATIONS FOR DOSING INTERRUPTIONS FOR PATIENTS WITH ARIA-E<sup>1</sup>

› Recommendations for dosing in patients with ARIA-E depend on clinical symptoms and radiographic severity

Clinical symptom severity*	ARIA-E severity on MRI		
	Mild	Moderate	Severe
Asymptomatic	May continue dosing	Suspend dosing <sup>†</sup>	Suspend dosing <sup>†</sup>
Mild	May continue dosing based on clinical judgment		
Moderate or severe	Suspend dosing <sup>†</sup>		

\*Mild: Discomfort noticed, but no disruption of normal daily activity. Moderate: Discomfort sufficient to reduce or affect normal daily activity. Severe: Incapacitating, with inability to work or to perform normal daily activity.

<sup>†</sup>Suspend until MRI demonstrates radiographic resolution and symptoms, if present, resolve; consider a follow-up MRI to assess for resolution 2 to 4 months after initial identification. Resumption of dosing should be guided by clinical judgment.

- › Use clinical judgment in considering whether to continue dosing in patients with recurrent ARIA-E
- › There is no experience in patients who continued dosing through symptomatic ARIA-E or through asymptomatic but radiographically severe ARIA-E. There is limited experience in patients who continued dosing through asymptomatic but radiographically mild to moderate ARIA-E. There are limited data in dosing patients who experienced recurrent ARIA-E

## RECOMMENDATIONS FOR DOSING INTERRUPTIONS FOR PATIENTS WITH ARIA-H<sup>1</sup>

› Recommendations for dosing in patients with ARIA-H depend on the type of ARIA-H and radiographic severity

Clinical symptom severity	ARIA-H severity on MRI		
	Mild	Moderate	Severe
Asymptomatic	May continue dosing	Suspend dosing <sup>†</sup>	Suspend dosing <sup>§</sup>
Symptomatic	Suspend dosing <sup>†</sup>		

<sup>†</sup>Mild/moderate: Suspend until MRI demonstrates radiographic stabilization and symptoms, if present, resolve; resumption of dosing should be guided by clinical judgment; consider a follow-up MRI to assess for stabilization 2 to 4 months after initial identification.

<sup>§</sup>Severe: Suspend until MRI demonstrates radiographic stabilization and symptoms, if present, resolve; use clinical judgment in considering whether to continue treatment or permanently discontinue LEQEMBI.

- › In patients who develop intracerebral hemorrhage >1 cm in diameter during treatment with LEQEMBI, suspend dosing until MRI demonstrates radiographic stabilization and symptoms, if present, resolve. Use clinical judgment in considering whether to continue treatment after radiographic stabilization and resolution of symptoms or permanently discontinue LEQEMBI

## ARIA MRI CLASSIFICATION CRITERIA<sup>1</sup>

› The radiographic severity of ARIA associated with LEQEMBI was classified by the criteria shown below

ARIA type	Mild	Moderate	Severe
ARIA-E	FLAIR hyperintensity confined to sulcus and/or cortex/subcortex white matter in 1 location <5 cm	FLAIR hyperintensity 5 to 10 cm in single greatest dimension, or more than 1 site of involvement, each measuring <10 cm	FLAIR hyperintensity >10 cm with associated gyral swelling and sulcal effacement. One or more separate/independent sites of involvement may be noted
ARIA-H microhemorrhage	≤4 new incident microhemorrhages	5 to 9 new incident microhemorrhages	≥10 new incident microhemorrhages
ARIA-H superficial siderosis	1 focal area of superficial siderosis	2 focal areas of superficial siderosis	>2 areas of superficial siderosis

ARIA=amyloid-related imaging abnormality; ARIA-E=amyloid-related imaging abnormality-edema; ARIA-H=amyloid-related imaging abnormality-hemosiderin deposition; FLAIR=fluid attenuated inverse recovery; MRI=magnetic resonance imaging.

# Supply information and additional considerations for LEQEMBI®

## SUPPLY<sup>1</sup>

LEQEMBI injection is a preservative-free, sterile, clear to opalescent, and colorless to pale yellow solution. LEQEMBI is supplied one vial per carton as follows:



- > 200 mg/2 mL (100 mg/mL) single-dose vial (with dark grey flip cap)  
– NDC 62856-212-01



- > 500 mg/5 mL (100 mg/mL) single-dose vial (with white flip cap)  
– NDC 62856-215-01



## REFILLS

To reorder, contact your specialty distributor.



## STORAGE AND HANDLING<sup>1</sup>

### Unopened vial

- > Store in refrigerator at 2°C to 8°C (36°F to 46°F)
- > Store in the original carton to protect from light
- > Do not freeze or shake

### Diluted solution

- > After dilution, immediate use is recommended
- > If not administered immediately, store LEQEMBI refrigerated at 2°C to 8°C (36°F to 46°F) for up to 4 hours, or at room temperature up to 30°C (86°F) for up to 4 hours. Do not freeze



## USE IN SPECIFIC POPULATIONS<sup>1</sup>

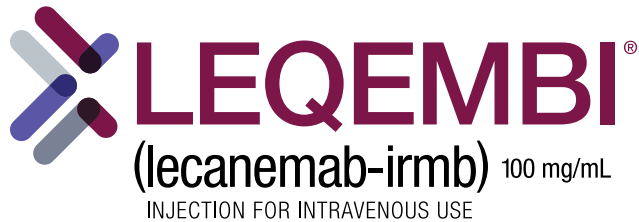
There are no adequate data on LEQEMBI use in

- > Pregnant women
- > Women who are breastfeeding
- > Pediatric patients

For the geriatric population, in Study 1 and Study 2, the age of patients exposed to LEQEMBI 10 mg/kg every 2 weeks (n=1059) ranged from 50 to 90 years, with a mean age of 72 years; 81% were 65 years and older, and 39% were 75 years and older. No overall differences in safety or effectiveness of LEQEMBI have been observed between patients 65 years of age and older and younger adult patients.

## ADVERSE REACTIONS

- In Study 2, the most common adverse reaction leading to discontinuation of LEQEMBI was ARIA-H microhemorrhages that led to discontinuation in 2% (15/898) of patients treated with LEQEMBI compared to <1% (1/897) of patients on placebo.
- In Study 2, the most common adverse reactions reported in ≥5% of patients treated with LEQEMBI (N=898) and ≥2% higher than placebo (N=897) were infusion-related reactions (LEQEMBI: 26%; placebo: 7%), ARIA-H (LEQEMBI: 14%; placebo: 8%), ARIA-E (LEQEMBI: 13%; placebo: 2%), headache (LEQEMBI: 11%; placebo: 8%), superficial siderosis of central nervous system (LEQEMBI: 6%; placebo: 3%), rash (LEQEMBI: 6%; placebo: 4%), and nausea/vomiting (LEQEMBI: 6%; placebo: 4%).



Eisai Patient Support offers access and reimbursement support, including

- › Benefits verification to assess product coverage
- › Prior authorization assistance to understand requirements and payer decisions
- › Appeal information
- › Financial assistance information via the LEQEMBI Copay Assistance Program

For more information, including how to enroll in Eisai Patient Support, visit [EisaiPatientSupport.com](https://EisaiPatientSupport.com)

**References:** **1.** LEQEMBI® (lecanemab-irmb) injection, for intravenous use [package insert]. Nutley, NJ: Eisai Inc. **2.** Alzheimer's Association. Medical tests for diagnosing Alzheimer's. Accessed June 21, 2023. [https://www.alz.org/alzheimers-dementia/diagnosis/medical\\_tests](https://www.alz.org/alzheimers-dementia/diagnosis/medical_tests). **3.** O'Caioimh R, Timmons S, Molloy DW. Screening for mild cognitive impairment: comparison of "MCI specific" screening instruments. *J Alzheimers Dis.* 2016;51(2):619-629. **4.** Alzheimer's Association. Alzheimer's facts and figures report. Accessed June 21, 2023. <https://www.alz.org/alzheimers-dementia/facts-figures>. **5.** Albert MS, DeKosky ST, Dickson D, et al. The diagnosis of mild cognitive impairment due to Alzheimer's disease: recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimers Dement.* 2011;7(3):270-279. **6.** Tariq SH, Tumosa N, Chibnall JT, Perry MH 3rd, Morley JE. Comparison of the Saint Louis University mental status examination and the mini-mental state examination for detecting dementia and mild neurocognitive disorder—a pilot study. *Am J Geriatr Psychiatry.* 2006;14(11):900-910. **7.** Usarel C, Dokuzlar O, Aydin AE, Soysal P, Isik AT. The AD8 (Dementia Screening Interview) is a valid and reliable screening scale not only for dementia but also for mild cognitive impairment in the Turkish geriatric outpatients. *Int Psychogeriatr.* 2019;31(2):223-229. **8.** National Institute of Aging. How biomarkers help diagnose dementia. Updated January 21, 2022. Accessed June 21, 2023. <https://www.nia.nih.gov/health/biomarkers-dementia-detection-and-research>. **9.** Budson AE, Solomon PR. Evaluating the patient with memory loss or dementia. In: Budson AE, Solomon PR, eds. *Memory Loss, Alzheimer's Disease, and Dementia: A Practical Guide for Clinicians*. 3rd ed. Elsevier; 2022:4-37. **10.** Schindler SE, Bollinger JG, Ovod V, et al. High-precision plasma  $\beta$ -amyloid 42/40 predicts current and future brain amyloidosis. *Neurology.* 2019;93(17):e1647-e1659. **11.** Nakamura A, Kaneko N, Villemagne VL, et al. High performance plasma amyloid- $\beta$  biomarkers for Alzheimer's disease. *Nature.* 2018;554(7691):249-254. **12.** Hansson O, Edelmayer RM, Boxer AL, et al. The Alzheimer's Association appropriate use recommendations for blood biomarkers in Alzheimer's disease. *Alzheimers Dement.* 2022;18(12):2669-2686.



LEQEMBI® is a registered trademark of Eisai R&D Management Co., Ltd. © 2023 Eisai Inc. and Biogen. All trademarks and company names are the property of their respective owners. All rights reserved. LEQE-US2455 07/2023