

Get to know Isaac, a patient with **MCI due to AD**

HOW WILL YOU HELP YOUR EARLY AD PATIENTS?

The sooner MCI due to AD is diagnosed,
the sooner you can intervene¹

Hypothetical LEQEMBI patient.

AD=Alzheimer's disease; MCI=mild cognitive impairment.



INDICATION

LEQEMBI[®] (lecanemab-irmb) 100 mg/mL injection for intravenous use is indicated for the treatment of Alzheimer's disease (AD). Treatment with LEQEMBI should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in clinical trials.

SELECT SAFETY INFORMATION

WARNING: AMYLOID-RELATED IMAGING ABNORMALITIES (ARIA)

- **Monoclonal antibodies directed against aggregated forms of amyloid beta, including LEQEMBI, can cause 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 asymptomatic, although serious and life-threatening events, including seizure and status epilepticus, rarely can occur. Serious intracerebral hemorrhages >1 cm, some fatal, have been observed with this class of medications.**
- **Apolipoprotein E ϵ 4 (ApoE ϵ 4) Homozygotes: Patients who are ApoE ϵ 4 homozygotes (~15% of patients with AD) treated with this class of medications have a higher incidence of ARIA, including symptomatic, serious, and severe radiographic ARIA, compared to heterozygotes and noncarriers. Testing for ApoE ϵ 4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. 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 ϵ 4 homozygotes and at higher risk for ARIA.**
- **Consider the benefit of LEQEMBI for the treatment of AD and the potential risk of serious ARIA events when deciding to initiate treatment with LEQEMBI.**

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

Meet Isaac, a retired accountant

Until recently, Isaac, **age 67**, has been dealing with **high blood pressure** that's controlled. But his **father's AD diagnosis** at age 76 has always been at the back of his mind. Isaac and his **wife (his primary support)**, have discussed some concerns, as his children are also beginning to notice some subtle but worrying signs:

“Isaac has always handled our finances. But he's made some basic mistakes, which is so unlike him, leading us to hire a separate accountant. I think he **may not be as sharp** as he used to be.”

“He's always been that guy at family parties to go around and talk to each person. But lately he seems **less engaged** and sits quietly for long periods.”

“We can sense he's **anxious** that something is causing his memory issues, and how it may affect those around him.”

“**My family and I are determined to find out what is causing my symptoms.** We're working with my doctors to see if there is something that can be done sooner rather than later.”

– Isaac

Hypothetical LEQEMBI patient and quote.

Pathophysiological changes in the brain occur before and continue after symptoms onset.²

SELECT SAFETY INFORMATION (cont'd)

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 AMYLOID-RELATED IMAGING ABNORMALITIES

ARIA-E and ARIA-H can occur together. 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 AD. ARIA-H generally occurs in association with ARIA-E. Reported ARIA symptoms may include headache, confusion, visual changes, dizziness, nausea, and gait difficulty. Focal neurologic deficits may also occur. Symptoms usually resolve over time.

2 Please see additional Select Safety Information throughout and full Prescribing Information, including Boxed WARNING.

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INJECTION FOR INTRAVENOUS USE

Eager to pinpoint the cause of his symptoms, Isaac receives thorough evaluation by his care team

PCP work-up

- | | | |
|--|---|--|
| ✓ CBC with differential: Normal | ✓ Vitamin deficiencies: None | ! MMSE score: 26/30
MCI due to AD suspected |
| ✓ Chemistry panel: Normal | ✓ Full blood panel: Normal | |
| ✓ Thyroid function: Normal | ✓ MRI: Ruled out non-AD causes of cognitive impairment | |

Neurologist work-up

1. Reassess for cognitive impairment

- ! Repeat MMSE: **26/30**
- ! MoCA score: **27/30**
- ! Neuropsychological testing: **Decline is supportive of MCI**

2. Differential diagnosis for AD

- ✓ Repeat blood workup
- ✓ Repeat MRI
- ✓ Review medications and comorbidities

3. Confirm diagnosis

- ! A β PET: **Positive**
MCI due to AD confirmed
- Consider ApoE ϵ 4 testing for anti-amyloid therapies

Where Isaac's diagnosis falls on the AD continuum¹



The stages of AD depicted above in equal size are not necessarily equal in duration.¹

Take proactive steps to diagnose AD at the earliest symptomatic stages.



The Clarity AD trial included patients similar to Isaac, who has MCI, the earliest symptomatic AD stage^{1,4}

Patient baseline characteristics in Clarity AD:

- > Median age: **73 (range 50-90 years)**⁴
- > ≥ 2 comorbid conditions*: **63.7% of patients**⁴
- > Mean MMSE score: **25.5/30 (range 22-30)**^{4,5}



Clarity AD: 18-month, global, placebo-controlled, double-blind, parallel-group, randomized clinical trial of 1795 patients with MCI due to AD (n=528/859) or mild AD dementia (n=331/859) with confirmed A β pathology. Patients were randomized 1:1 to receive IV infusions of LEQEMBI 10 mg/kg or placebo once every 2 weeks.^{1,5}

*Including hypertension, hyperlipidemia, ischemic heart disease, diabetes, and obesity.⁴

A β =amyloid beta; CBC=complete blood count; IV=intravenous; MMSE=Mini-Mental State Examination; MoCA=Montreal Cognitive Assessment; MRI=magnetic resonance imaging; PCP=primary care provider; PET=positron emission tomography.

SELECT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS AMYLOID-RELATED IMAGING ABNORMALITIES (cont'd)

Incidence of ARIA

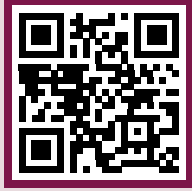
Symptomatic ARIA occurred in 3% and serious ARIA symptoms in 0.7% with LEQEMBI. Clinical ARIA symptoms resolved in 79% of patients during the period of observation. ARIA, including asymptomatic radiographic events, was observed: LEQEMBI, 21%; placebo, 9%. ARIA-E was observed: LEQEMBI, 13%; placebo, 2%. ARIA-H was observed: LEQEMBI, 17%; placebo, 9%. No increase in isolated ARIA-H was observed for LEQEMBI vs placebo.

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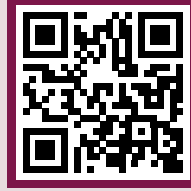
Explore available resources to start LEQEMBI®

Support for your patients and your office



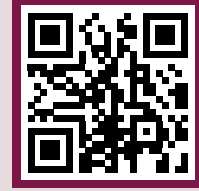
Help patients start and stay on treatment

- › Appointment tracker
- › Patient brochure
- › Infusion guide



Equip your office with tailored resources

- › Dosing calculator
- › Diagnostic workup checklist
- › Specialty distributor guide
- › Diagnosis to infusion brochure



Navigate access to treatment

- › Enrollment form
- › Health insurance brochure
- › Coding quick reference guide
- › Request an ARM tool
- › Sample letters

Get to know the LEQEMBI Infusion Center Locator Tool*



*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.

ARM=Access & Reimbursement Manager; NICA=National Infusion Center Association.

LEQEMBI was studied in the earliest stages of symptomatic AD.¹

SELECT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS AMYLOID-RELATED IMAGING ABNORMALITIES (cont'd)

ApoE ε4 Carrier Status and Risk of ARIA

Of the patients taking LEQEMBI, 16% were ApoE ε4 homozygotes, 53% were heterozygotes, and 31% were noncarriers. With LEQEMBI, ARIA was higher in ApoE ε4 homozygotes (LEQEMBI: 45%; placebo: 22%) than in heterozygotes (LEQEMBI: 19%; placebo: 9%) and noncarriers (LEQEMBI: 13%; placebo: 4%). Symptomatic ARIA-E occurred in 9% of ApoE ε4 homozygotes vs 2% of heterozygotes and 1% of noncarriers. Serious ARIA events occurred in 3% of ApoE ε4 homozygotes and in ~1% of heterozygotes and noncarriers. The recommendations on management of ARIA do not differ between ApoE ε4 carriers and noncarriers.

Radiographic Findings

Most ARIA-E radiographic events occurred within the first 7 doses, although ARIA can occur at any time, and patients can have >1 episode. Maximum radiographic severity of ARIA-E with LEQEMBI was mild in 4%, moderate in 7%, and severe in 1% of patients. Resolution of ARIA-E on MRI occurred in 52% of patients by 12 weeks, 81% by 17 weeks, and 100% overall after detection. Maximum radiographic severity of ARIA-H microhemorrhage with LEQEMBI was mild in 9%, moderate in 2%, and severe in 3% of patients; superficial siderosis was mild in 4%, moderate in 1%, and severe in 0.4% of patients. With LEQEMBI, the rate of severe radiographic ARIA-E was highest in ApoE ε4 homozygotes (5%) vs heterozygotes (0.4%) or noncarriers (0%). With LEQEMBI, the rate of severe radiographic ARIA-H was highest in ApoE ε4 homozygotes (13.5%) vs heterozygotes (2.1%) or noncarriers (1.1%).

4 Please see additional Select Safety Information throughout and full Prescribing Information, including Boxed WARNING.



The first step was to **catch AD early**

THE NEXT STEP IS TO ✓ **TREAT**

Patients like Isaac **depend on you to intervene**



Hypothetical LEQEMBI patient and caregiver.

Help Isaac take action against AD. Start LEQEMBI® today.



“

The progressive nature of AD warrants proactive collaboration between the PCP and neurologist to **detect and diagnose AD patients earlier**. Equally important is identifying which patients may be appropriate for **LEQEMBI**.

– Isaac’s neurologist

”

Hypothetical quote and actor portrayal.

SELECT SAFETY INFORMATION (cont’d)

WARNINGS AND PRECAUTIONS AMYLOID-RELATED IMAGING ABNORMALITIES (cont’d)

Intracerebral Hemorrhage

Intracerebral hemorrhage >1 cm in diameter was reported in 0.7% LEQEMBI vs 0.1% placebo. Fatal events of intracerebral hemorrhage in patients taking LEQEMBI have been reported.

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Start your appropriate patients on LEQEMBI® today

Learn how LEQEMBI can help



SELECT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS AMYLOID-RELATED IMAGING ABNORMALITIES (cont'd)

Concomitant Antithrombotic Medication and Other Risk Factors for Intracerebral Hemorrhage:

- In Clarity AD, baseline use of antithrombotic medication (aspirin, other antiplatelets, or anticoagulants) was allowed if the patient was on a stable dose. Most exposures were to aspirin. Antithrombotic medications did not increase the risk of ARIA with LEQEMBI. The incidence of intracerebral hemorrhage: 0.9% LEQEMBI with a concomitant antithrombotic medication vs 0.6% no antithrombotic; 2.5% LEQEMBI with an anticoagulant alone or with antiplatelet medication/aspirin vs none receiving placebo.
- Patients were excluded from Clarity AD if neuroimaging indicated increased risk for intracerebral hemorrhage including cerebral amyloid angiopathy (prior cerebral hemorrhage >1 cm in greatest diameter, >4 microhemorrhages, superficial siderosis, vasogenic edema) or other lesions (aneurysm, vascular malformation). The presence of an ApoE ε4 allele is also associated with cerebral amyloid angiopathy.
- 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 and in patients with factors that indicate an increased risk for intracerebral hemorrhage.

ARIA Monitoring and Dose Management Guidelines

Obtain a recent baseline brain MRI prior to initiating treatment with LEQEMBI and prior to the 5th, 7th, and 14th infusions. Enhanced clinical vigilance for ARIA is recommended during the first 14 weeks of treatment. Depending on ARIA-E and ARIA-H clinical symptoms and radiographic severity, use clinical judgment when considering whether to continue dosing or to temporarily or permanently discontinue LEQEMBI. If a patient experiences ARIA symptoms, 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.

HYPERSENSITIVITY REACTIONS

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

INFUSION-RELATED REACTIONS (IRRs)

- IRRs were observed—LEQEMBI: 26%; placebo: 7%—and most cases with LEQEMBI (75%) occurred with the first infusion. IRRs were mostly mild (69%) or moderate (28%). Symptoms 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 IRR, the infusion rate may be reduced or discontinued, and appropriate therapy initiated as clinically indicated. Consider prophylactic treatment prior to future infusions with antihistamines, acetaminophen, nonsteroidal anti-inflammatory drugs, or corticosteroids.

ADVERSE REACTIONS

The most common adverse reactions reported in ≥5% with LEQEMBI and ≥2% higher than placebo were IRRs (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%).

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

References: 1. Alzheimer's Association. 2024 Alzheimer's disease facts and figures. *Alzheimers Dement.* 2024;20(5):1-149. 2. Bateman RJ, Xiong C, Benzinger TLS, et al. Clinical and biomarker changes in dominantly inherited Alzheimer's disease. *N Engl J Med.* 2012;367(9):795-804. 3. LEQEMBI (lecanemab-irmb) injection, for intravenous use [package insert]. Nutley, NJ: Eisai Inc. 4. Iwatsubo T, Irizarry M, van Dyck C, Sabbagh M, Bateman RJ, Cohen S. Clarity AD: a phase 3 placebo-controlled, double-blind, parallel-group, 18-month study evaluating lecanemab in early Alzheimer's disease. Presented at: CTAD Conference; November 29-December 2, 2022; San Francisco, CA. 5. van Dyck CH, Swanson CJ, Aisen P, et al. Lecanemab in early Alzheimer's disease. *N Engl J Med.* 2023;388(1):9-21.



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