

Lecanemab FAQ for Healthcare Professionals

1. Who can refer a patient?
Referrals can currently be made in Epic by an MGB cognitive neurologist, geriatrician, psychiatrist, geriatric psychiatrist, neurologist, PCP who is providing care to patients with MCI and Early AD during this initial pilot phase. Referrals outside of MGB will be possible after the pilot period where information has been gathered on the initial phase of the Alzheimer's Therapeutic Program (ATP). The ATP clinic will not provide longitudinal care it will only provide medication and monitor patients.
2. Are there geographic restrictions?
No, however, patients must be able to come to MGB for their infusions.
3. Where will infusions take place?
*Brigham and Women's Faulkner Hospital Main Campus
Brigham and Women's Hospital Main Campus
Massachusetts General Hospital Main Campus*
4. Can an individual travel during treatment?
It is not recommended individuals travel during the first 4-8 weeks of treatment due to monitoring expectations.
5. Are individuals who English is there second language eligible for referrals?
Yes, they are eligible for referrals.
6. Are individuals, who are Spanish speaking eligible for referral?
Yes, they are eligible for referrals.
7. Can a referral be made from acute care setting, recent inpatient?
Yes, they are eligible for referrals from an MGB clinician as noted above in question 1. However, the referring clinician must ensure there is a plan for longitudinal comprehensive care for mild cognitive impairment or mild dementia due to Alzheimer's disease since the ATP clinic provides only focused care related to anti-amyloid therapy. Note that lecanemab has not been placed on the inpatient formulary and is not available for infusion in the inpatient setting.
8. What is the expected payment a patient can incur?
This is highly variable and depends on patients' insurance coverage. Patients with Medicare Part B will have 80% of the cost of lecanemab covered by Medicare. Those with other insurance coverage, including supplemental insurance for Medicare, would have different costs. Not all insurance will cover the cost of lecanemab. The best way for patients to determine coverage information is to call their insurance company to discuss coverage for their specific plan.

9. Is there financial support for individuals who cannot pay?
Eisai patient support line is 1-833-453-7362, Monday through Friday 8am until 8pm ET.
10. How long is therapy expected to last?
Clinical trials were conducted over 18 months, it is unknown exactly how long treatments will be given in a clinical setting at this point.
11. Anticoagulation therapy is restricted, how about antiplatelet therapy or prophylactic anticoagulation for surgery example (joint replacement)?
Yes, this is allowed.
12. What about marijuana use?
Yes, this is allowed, but not recommended as a treatment in dementia patients.
13. What about chronic opioids use?
Yes, this is allowed, but not recommended as a treatment in dementia patients.
14. What about cognitive test- RUDAS?
Yes, allowed as pre-screening measure, however the ATP committee will perform additional testing.
15. What unexpected problems should a provider expect?
By definition, we do not know about unexpected problems. There are many unknowns about this new therapy. Medicare has required patient information to be added to a registry in order to receive coverage. There are other research protocols being developed to learn from the experience of treating patients with this new class of medications. We hope that these efforts will increase our understanding of these therapies, the patients who are most likely to benefit, and how to mitigate risk of side effects.
16. What would you tell patients the benefit is?
Lecanemab has been shown to slow the progression of cognitive impairment in early Alzheimer's disease. The slowing of the rate of progression can best be described as delaying the progression of cognitive impairment symptoms compared to placebo by about 5 months over the 18 month study. It does not stop disease progression fully. It does not reverse cognitive changes.