At Northwestern Medicine, our patients are our top concern. Know that we closely study each medication before we recommend it for you. With this in mind, we want to provide some information and context regarding a new medicine called lecanemab (Leqembi), which received accelerated approval by the FDA in January of 2023.

Lecanemab is a medication given every two weeks by vein in an infusion center and is designed to remove the amyloid protein that builds up in the brain in Alzheimer disease. The results of a large, phase III clinical trial suggest that this treatment can slow the rate of cognitive decline by about 27% over 18 months, though it does not offer any improvement of symptoms that can be noticed by family or physician. Lecanemab does not reverse existing disease symptoms or stop the progression.

Side effects can include swelling and/or bleeding in the brain which is usually minor but can occur in approximately 1 in 6 people receiving the drug. This swelling and bleeding usually do not cause symptoms, but some people can experience headaches, falls, dizziness, vision changes, nausea, diarrhea, seizures, and confusion. Carriers of the ApoE4 gene are at a higher risk of experiencing these side effects. The risk of a symptomatic brain bleed also seems to be higher in those on certain blood thinners, and we will not be recommending this medication for any patient who is on such medications.

To be potentially eligible to receive this medication, a patient must have an amyloid PET scan or spinal tap evidence of amyloid in the brain and must be at the stage of mild symptoms. Patients must also be able to have frequent brain MRIs to monitor for bleeding and swelling.

Currently, this medication is not covered by insurance or Medicare. The price for lecanemab set by Eisai/Biogen is about $26,000 per year. It is important to note that this amount is only for the medication and does not include costs associated with the infusion visits themselves or the MRIs of the brain which will be needed for monitoring of potential side-effects.

Though we are certainly glad to see the science of Alzheimer disease treatment advance, we also recognize that not all treatments will be right for everyone. Ultimately, patients interested in lecanemab as a potential treatment will need to discuss with their neurologist to decide if the potential benefits outweigh the risks, cost, and time commitment required.

Sincerely,

Ian Grant, MD
Assistant Professor of Neurology,
Northwestern University Feinberg School of Medicine
Director of Clinical Trials Operations,
Mesulam Center for Cognitive Neurology and Alzheimer’s Disease

Allison Lapins, MD
Instructor of Neurology,
Northwestern University Feinberg School of Medicine