

What monitoring is required?

- Regular check-ups: You'll keep seeing your neurologist to track how the disease is progressing and how you're responding to treatment
- MRI scans: You'll need several MRI scans in the first few months to monitor for side effects

Leqembi	Kisunla
MRI scans prior to 1st, 5th, 7th, and 14th doses to assess for ARIA	MRI scans prior to 1st, 2nd, 3rd, and 7th doses to assess for ARIA

What are signs & symptoms of ARIA?

Mild or Moderate ARIA	Severe ARIA
Headache	Seizures
Confusion	Stupor
Visual changes	Brain, spinal cord, or nerve damage
Dizziness	
Nausea	
Difficulty walking	

What should I do if I have any of these symptoms?

- Talk to your neurologist!
- You may need to have an MRI to see if these symptoms are because of ARIA
- Treatment may be paused if ARIA is found
- If symptoms are severe, go to the emergency room and tell them your symptoms and which medicine you're taking

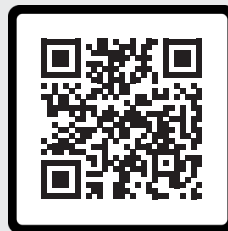


Make sure you ask your doctor any questions as you, your care partner, and your doctor make a decision about whether Leqembi or Kisunla is right for you!

Both medicines can help slow your disease if it's diagnosed early enough.



You can also check out the Alzheimer's Association for other resources and frequently asked questions.



Check out a video that talks about Leqembi and Kisunla in more detail!



Check out a video of a patient with Alzheimer's disease and her husband sharing their experiences.



What Do Patients and Caregivers Need to Know About Antiamyloid Monoclonal Antibodies for Alzheimer's Disease?



Building **BR**idges to **Br**ing Antiamyloid **D** Monoclonal Antibodies to **E**ligible **P**atients with **Al**zheimer's **D**isease

Antiamyloid Monoclonal Antibody 101

What is it?



New medicines that treat mild cognitive impairment (MCI) or mild Alzheimer's disease (AD)

Other medicines treat symptoms, but these can target the disease itself

They attack the buildup of amyloid, which is a key protein in the brain that is a cause of AD

Which ones are available?

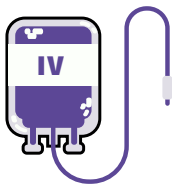
Leqembi® (lecanemab)

US Food and Drug Administration (FDA)
approved in 2023

Kisunla® (donanemab)

FDA approved in 2024

How often are they given?



Leqembi is given intravenously (IV) every 2 weeks for the first 18 months, then can be every 4 weeks

Donanemab is given IV every 4 weeks

Patients must come to the clinic or infusion center to get the medicine

Antiamyloid Monoclonal Antibody 201

Who is eligible?

- Diagnosis of MCI or mild AD
- Amyloid has been found by a PET scan or a spinal fluid test (lumbar puncture)
- You can visit the clinic every 2 or 4 weeks for infusions
- Willing and able to undergo regular MRIs
- You can keep taking other medicines, such as memantine, donepezil, rivastigmine, or galantamine



How much do they cost?

- Medicare covers amyloid PET scan(s) and Leqembi or Kisunla
- Patients should also check with any supplemental or private insurance they may have

How effective are they?



Clinical trials show they can significantly slow disease progression, both in terms of cognitive symptoms and amyloid buildup in the brain

They do not stop or reverse disease progression and are not a cure

Antiamyloid Monoclonal Antibody 301

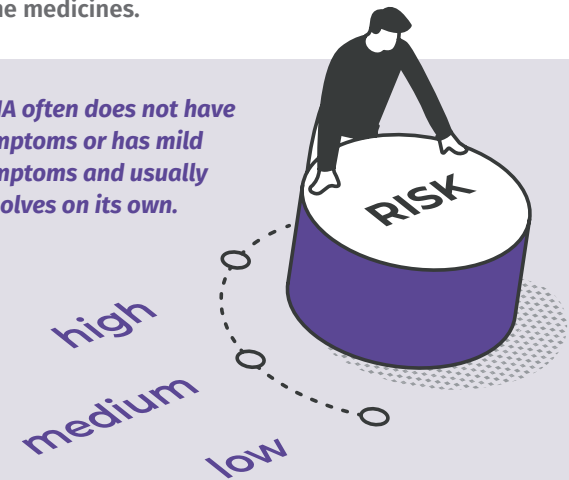
Are they safe?



Yes, these medicines are generally safe!

- There is a chance of a reaction when receiving the medicine, though it isn't common.
If a reaction does occur, it is typically mild and short lasting
- There is a chance of amyloid-related imaging abnormalities (ARIA): either swelling in the brain or changes in blood flow in the brain because of the medicines.

ARIA often does not have symptoms or has mild symptoms and usually resolves on its own.



Is anyone at a higher risk of ARIA?

People who have either 1 or 2 copies of the **APOE4** gene are at higher risk of ARIA

Genetic testing can tell you whether you have this gene, and your doctor may recommend you do genetic testing before starting one of these medicines