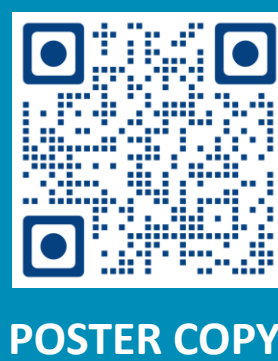


LONG-TERM PERSISTENCE AND PATIENT CHARACTERISTICS FOR INTRAVENOUS AND SUBCUTANEOUS LECANEMAB IN REAL-WORLD USE IN THE UNITED STATES

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Introduction

- Lecanemab, the first anti-amyloid monoclonal antibody fully approved for early Alzheimer’s disease (AD), has recently gained approval for intravenous (IV) and subcutaneous (SC) maintenance dosing after 18 months of initial treatment in the U.S.
- In Clarity AD, 94% of patients in the lecanemab arm who completed 18 months of treatment opted to participate in the LTE¹
 - A subgroup analysis of reduced risk of progression over 4 years showed 81% of patients who stayed on lecanemab remained in early AD stages²
- Long-term persistence is critical for delaying AD progression to the advanced stages, highlighting the importance of using long-term real-world data to evaluate treatment persistence beyond 18 months
- A prior study with a mean follow-up of only approximately 6 months showed 82% patients experienced no treatment gap ≥90 days³
- This study aims to describe the demographics, clinical characteristics, and adherence/persistence patterns of U.S. patients treated with IV or SC lecanemab beyond 18 months

Methods

- This observational study used open administrative claims from the PurpleLab database, with the observation period spanning from the first lecanemab administration to the latest available data
- To evaluate IV lecanemab long-term utilization, patients who initiated lecanemab before March 31, 2024, and had ≥6 months of baseline clinical activity and ≥20 months of continuous observation post-lecanemab initiation, were included
 - IV lecanemab analysis included claims between January 6, 2023 and February 28, 2026
 - Patients who received only one lecanemab infusion were excluded from the persistence analyses
 - Persistence was assessed using Kaplan-Meier methods and estimated at prespecified time points
 - Discontinuation was defined as a ≥90-day gap in treatment coverage between the last infusion and end of observation
- Patients who had ≥1 SC lecanemab injection claim between October 6, 2025 (U.S. launch date of SC maintenance lecanemab) and April 30, 2026 were included in the SC cohort
 - Patients who received only one SC lecanemab fill were excluded from the adherence analysis, with SC lecanemab claims occurring within <7 days collapsed into a single prescription fill event
 - Adherence was measured with the proportion of days covered (PDC): the percentage of days a patient had access to prescribed medication, based on prescription fill dates and days of supply over the observation period
 - Refill timing relative to expected refill date was also evaluated
 - Discontinuation events were explored and defined as a ≥45-day gap between the end of supply from the last SC lecanemab refill and the last observed claim

Results

- A total of 877 patients who initiated IV lecanemab by March 2024 were included: (Table 1)
 - Most patients (57.0%) were aged 75 and above, female (53.5%), White (76.2%), and living in urban areas (98.4%)
 - At baseline, dyslipidemia (40.3%), hypertension (34.5%), and sleep disorders (19.3%) were the most prevalent comorbid conditions
- Mean follow-up duration in this IV lecanemab early initiator cohort was 25.4 months (standard deviation [SD] 2.3)
- A total of 150 patients receiving lecanemab SC maintenance therapy were identified, with similar demographic characteristics to the IV cohort (Table 1)

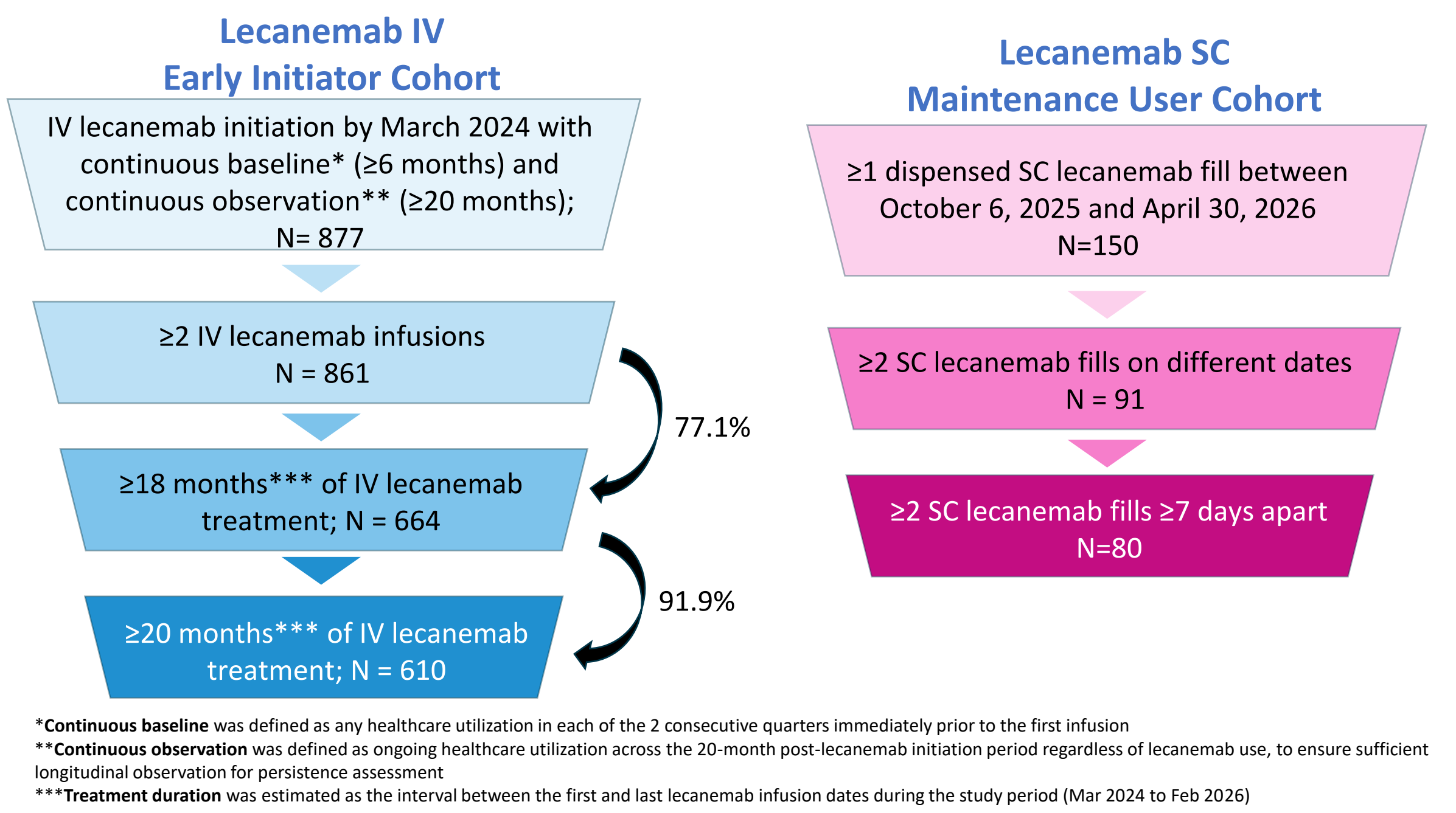
Results (continued)

Table 1. Characteristics of IV Early Initiators and SC Maintenance Users

	Lecanemab IV Early Initiator (N = 877)	Lecanemab SC Maintenance User (N = 150)
Patient Characteristic		
Age in years		
Mean (SD)	73.6 (5.0)	74.2 (6.2)
Age, n (%)		
Under 65	49 (5.6)	11 (7.3)
65 to 69	117 (13.3)	15 (10.0)
70 to 74	211 (24.1)	36 (24.0)
75 and above	500 (57.0)	88 (58.7)
Sex		
Male	408 (46.5)	69 (46.0)
Female	469 (53.5)	80 (53.3)
Race		
White	668 (76.2)	117 (78.0)
Black	22 (2.5)	3 (2.0)
Asian	11 (1.3)	2 (1.3)
Other	28 (3.2)	6 (4.0)
Unknown	148 (16.9)	22 (14.7)
Ethnicity, Hispanic		
	51 (5.8)	8 (5.3)
Area of residence		
Urban	863 (98.4)	149 (99.3)
Rural	14 (1.6)	1 (0.7)

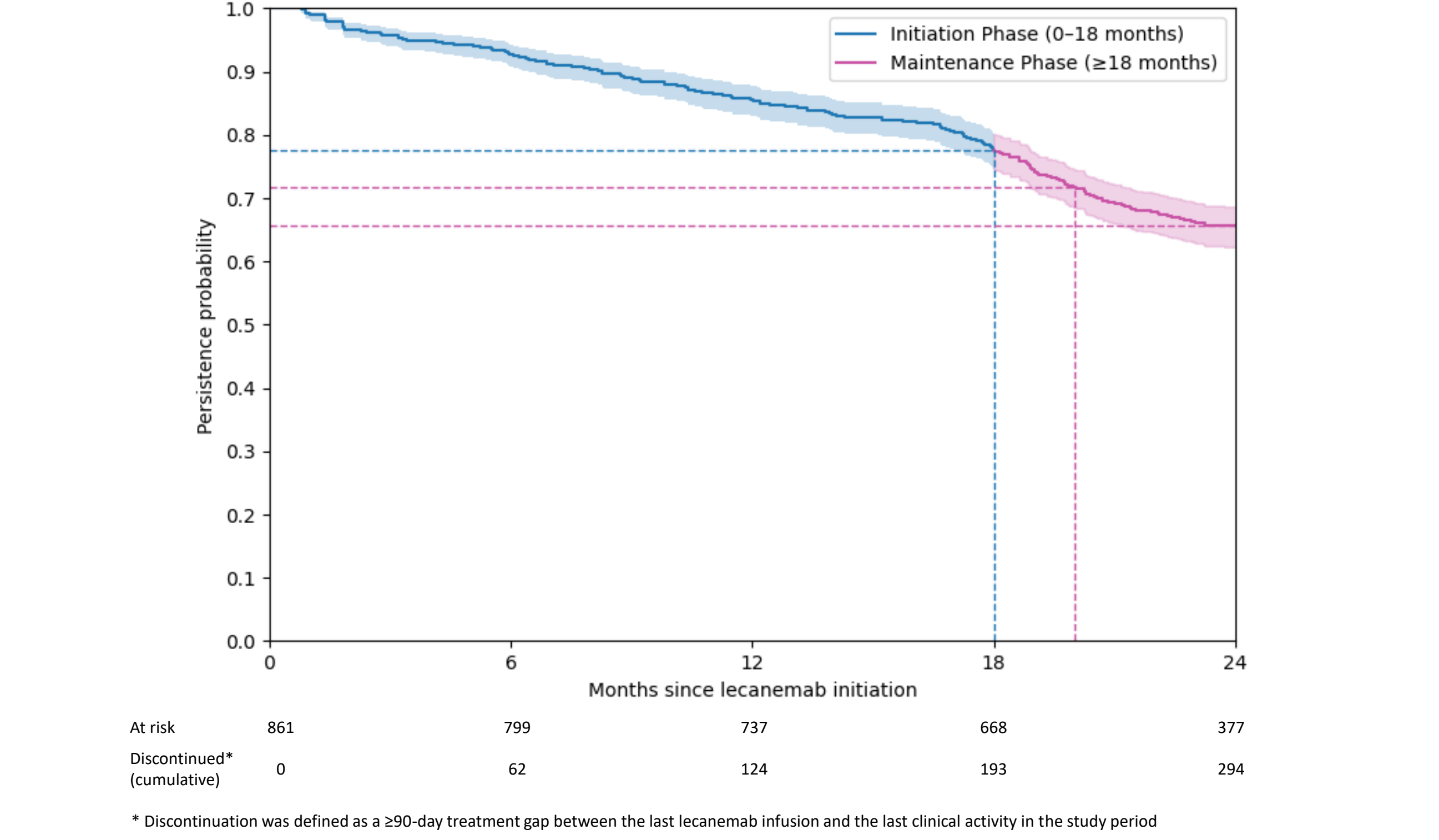
- 861 patients had ≥2 IV lecanemab infusions, of the 877 patients who initiated lecanemab by March 2024, with ≥6 months continuous baseline and ≥20 months continuous observation (Figure 1)
 - A total of 664 of these 861 patients (77.1%) had at least 18 months of IV lecanemab treatment and 610 of the 664 lecanemab patients (91.9%) had treatment for at least 20 months
- 91 patients had ≥2 SC lecanemab fills on different dates, and 80 patients had ≥2 SC lecanemab fills ≥7 days apart, of the 150 patients receiving SC lecanemab (Figure 1)
 - Among the 80 patients included in the SC utilization analysis, 31 had no prior IV lecanemab claims captured in the PurpleLab database, limiting assessment of prior treatment utilization

Figure 1. Cohort Identification for IV Early Initiators and SC Maintenance Users



- Persistence rates calculated using the Kaplan-Meier method among patients initiating lecanemab in by March 2024 and having at least 20-month continuous observation are shown in Figure 2
- Overall, persistence rates stayed high throughout the initiation phase (77.6% at 18 months) and maintenance phase (71.7% at 20 months and 65.6% at 24 months; Figure 2)

Figure 2. Kaplan-Meier Analysis of IV Lecanemab Long-Term Persistence



Subcutaneous Lecanemab

- Among patients with ≥2 SC lecanemab fills, mean follow-up duration from the first SC lecanemab claim was 89.8 days (SD 45.7)
 - Mean PDC was 94.2% (SD 12.1%), with 92.5% of patients achieving PDC ≥80%
 - 91.3% of patients had all refills within 14 days of the expected refill date, 7.5% had any delay by 15–30 days, and 1.3% had any delay >30 days during treatment
 - Treatment discontinuation was identified in 2 patients (2.5%)
- Among patients with >30 days of follow-up, the mean number of SC lecanemab fills per month was 1.1 (SD 0.5)

Table 2. Subcutaneous Lecanemab Utilization Analysis

	Patients with ≥2 SC lecanemab fills (N = 80)
Follow-up time (days) from first SC lecanemab claim, mean (SD)	
89.8 (45.7)	
Proportion of Days Covered (PDC), n (%)	
Mean	94.2%
Median	100%
Percent of adherent patients (who had PDC >80%)	92.5%
Refill Timing, n (%)	
Refilled within 14 days	73 (91.3%)
Any delay 15 to 30 days	6 (7.5%)
Any delay >30 days	1 (1.3%)
Discontinuation*, n (%)	
2 (2.5%)	

* Defined as >45-day gap between last SC lecanemab fill and last recorded claim

Conclusions

- Treatment continuation with lecanemab was high after initiation treatment, suggesting the role of continued maintenance therapy in routine clinical care
- SC lecanemab maintenance was associated with high treatment persistence and adherence, supported by timely medication refills during early follow-up
- Future studies may explore the impact of SC lecanemab use on patient access, treatment continuation, and clinical outcomes in real-world settings

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