

Real-World Experience with Transition from Intravenous to Subcutaneous Lecanemab



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Background

Lecanemab is a monoclonal anti-amyloid therapy developed for the treatment of mild cognitive impairment (MCI) due to Alzheimer’s Disease (AD) or mild AD. Therapy is currently initiated as a biweekly intravenous (IV) infusion for 18 months, after which self-administered weekly subcutaneous (SQ) injections may be offered as maintenance therapy. While SQ administration has the potential to reduce treatment burden, real-world data on the transition process, operational and financial barriers, and patient and provider experiences are limited. This study reviews the initial experience at our center with transitioning to SQ therapy. Multiple barriers, most notably related to cost, limits patient conversion to SQ therapy.

Methods

- Patients receiving lecanemab infusions for at least 18 months at the Norton Neuroscience Institute’s (NNI) Memory Center in Louisville, Kentucky, USA were considered for transition to SQ maintenance therapy.
- For those interested in transitioning, a benefits analysis and cost estimates were provided.
- Patients and their families then made a final decision regarding transition.
- SQ lecanemab was dispensed via Norton Specialty Pharmacy.

Methods (cont.)

- 82/105 patient/caregiver pairs completed surveys including a brief number of questions scored on a scale of 1-5 (from strongly disagree to strongly agree) along with open ended questions regarding barriers to transitioning to SQ therapy
- 8/8 providers (5 physicians and 3 APP’s) in the NNI Memory Center also completed brief surveys regarding satisfaction with SQ lecanemab and the process for transition

Initial Experience

- First patient started on SQ lecanemab in November 2025
- 60 doses (*across 7 patients*) delivered in 2025 through end of 2025
- 524 doses (*across 36 patients*) delivered through May 2026

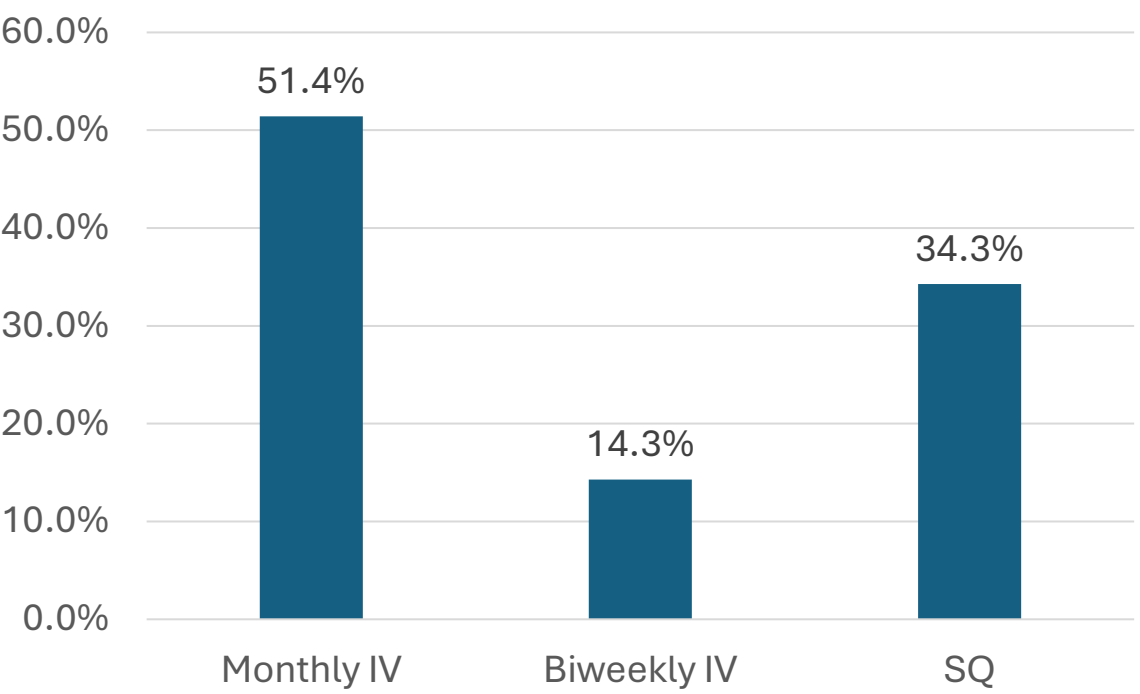
- No episodes of ARIA reported
- No significant AE’s reported

Results

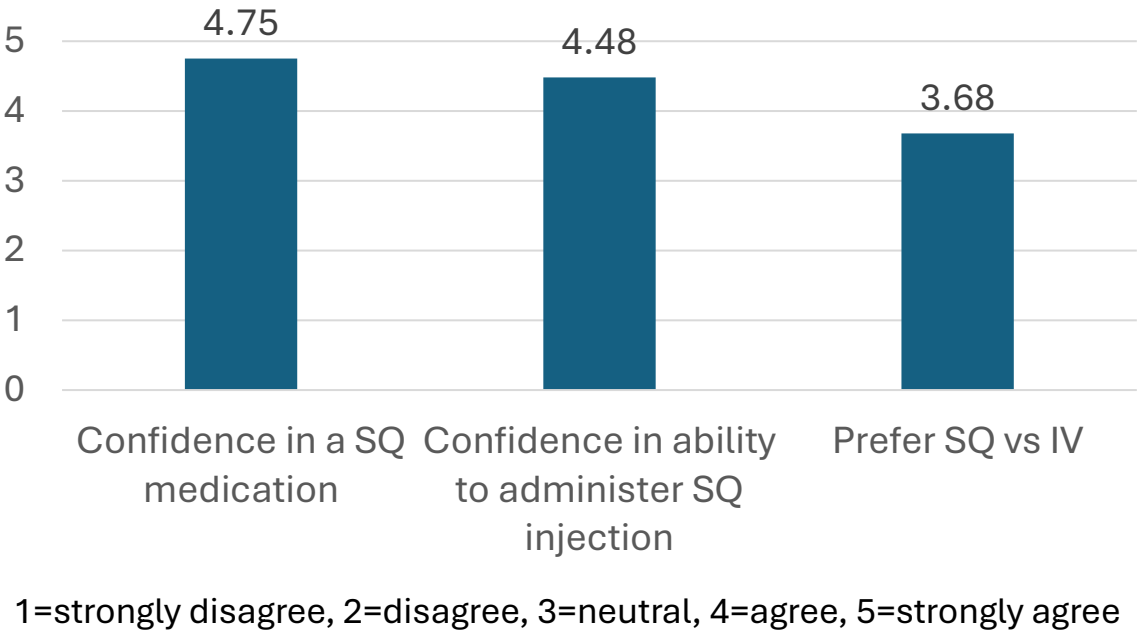
- 105 patients became eligible to begin maintenance lecanemab therapy at NNI prior to June 1, 2026
 - 80/105 patients wished to explore SQ lecanemab
 - 36 transitioned to SQ lecanemab
 - 54/105 chose to receive monthly lecanemab infusions
 - 15/105 chose to receive biweekly lecanemab infusions

Results

Choice of Maintenance Therapy



Patient/Caregiver Experience Rating (1-5)



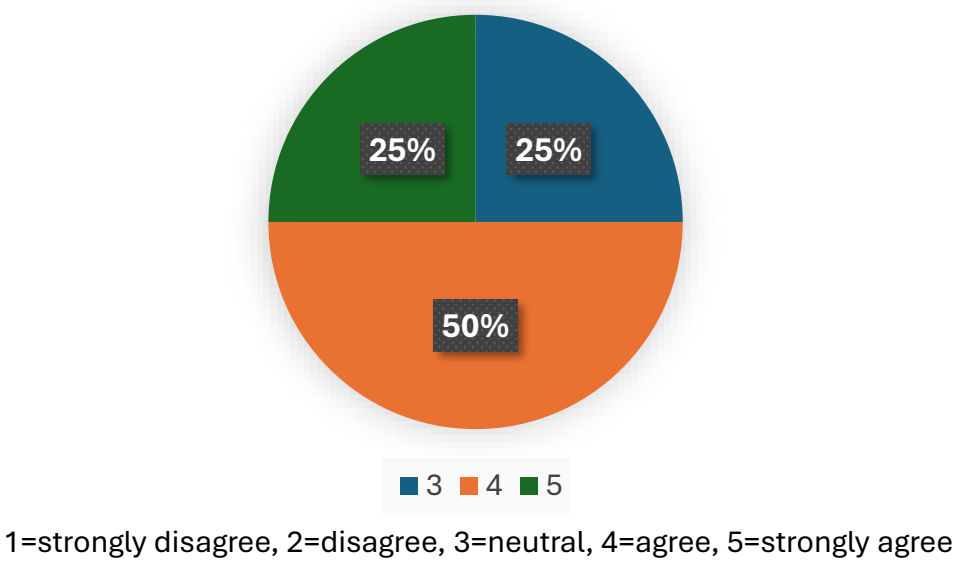
Patient/Caregiver Reported Barriers to SQ Transition

- Most common barrier was high Medicare Part D out of pocket cost (42/82)
 - *This was the primary reason given for not transitioning to SQ therapy*
- Patient/caregiver happy with infusions and did not wish to transition (24/82)
- Concern about ability to administer injections (4/82)
- Concern about efficacy of SQ route (2/82)

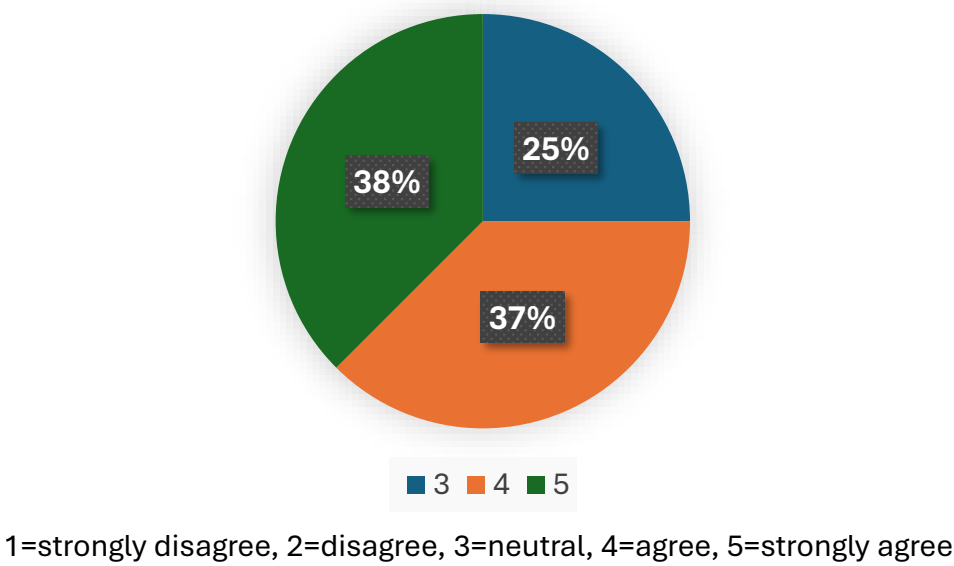
Provider Experience

- High overall **satisfaction** with transition to SQ
 - Mean score of 4/5
- High overall **confidence** in transition to SQ
 - Mean score of 4.12/5
- Only reported concerns:
 - Out of pocket costs for patients (2/8 providers)
 - Delays related to insurance coverage (2/8 providers)

Provider satisfaction (1-5)



Provider Confidence (1-5)



Summary

- SQ lecanemab is generally well received by patients and caregivers
- While most would prefer SQ injections over IV infusions, insurance coverage was a major barrier in this US population
- Few patients/caregivers had concerns about efficacy or the ability to self-administer injections
- Overall patient/caregiver experience was high
- Provider satisfaction and confidence were also high

Conclusion

Transitioning to SQ lecanemab following initial IV therapy is feasible and well received by clinicians, patients and caregivers. Nevertheless, there are significant barriers, most notably related to insurance payor coverage and out-of-pocket costs. As systems continue to see larger numbers of patients receiving anti-amyloid therapies, identification of barriers and development of better workflows will be increasingly important. Further, making this option more available will also be important to address the significant patient/caregiver burdens of IV therapy such as time and travel to infusion centers.

