

Improving Access to Anti-amyloid Monoclonal Antibody Therapies for Mild Cognitive Impairment and Early Alzheimer’s Diseases

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Anti-amyloid medication use increased from 2023 to 2025, with notable variation by age group, sex, race, and geographic region.

INTRODUCTION

- Administration of anti-amyloid monoclonal antibodies—lecanemab and donanemab—requires confirmation of amyloid pathology, biweekly to monthly infusion visits, and frequent MRI monitoring to assess for ARIA, including brain edema and microbleeds.
- Initiation of these medications requires prior authorization from the patient’s insurance provider or payer.
- Optimal social and economic determinants of health, along with access to dementia specialists, are critical for patients to access, navigate, and adhere to these treatments.
- We examined anti-amyloid drug use across regions, patient demographics, and prescriber specialty from 2023 to 2025.

METHODS

- Analyzed Epic Cosmos data generated through collaboration with a community of Epic health systems, including >304 million patient records from >2,133 hospitals and 48.8K clinics.
- Reported differences in drug utilization by age, sex, race/ethnicity, insurance coverage, and region from 2023 to 2025.
- Described drug utilization by MCI vs ADRD, frailty, comorbidity, rural/urban residence, and prescriber type.

Category	N	%
Urban	9,160	84.7
Large Rural	953	8.8
Small Rural	411	3.8
Isolated Rural	278	2.6
Unknown	8	0.1

Comorbidities	N	%
Hypertension	5,048	46.7
Depression	3,049	28.2
Diabetes	2,181	20.2
Cerebrovascular Disease	1,660	15.4
COPD	1,143	10.6
Renal Failure	1,008	9.3

RESULTS

- Most patients receiving anti-amyloid therapy were treated with lecanemab: 82.9% in 2024 and 70.1% in 2025; majority of the patients were urban residents
- Among treated patients, 75.2% had a prior diagnosis of MCI before treatment initiation, with an average of 2.78 comorbidities and a frailty score of 0.22.
- The most common prescriber specialty was neurology

Characteristic	2023 (N=481)	2024 (N=3,934)	2025 (N=10,386)
Sex			
Female	265 (55.1%)	2166 (55.1%)	5946 (57.3%)
Male	216 (44.9%)	1768 (44.9%)	>4430 (42.7%)
AgeGroup			
<50	* (*%)	12 (0.3%)	19 (0.2%)
50-64	47 (9.8%)	418 (10.6%)	920 (8.9%)
65-74	195 (40.5%)	1583 (40.2%)	4148 (39.9%)
75-84	213 (44.3%)	1728 (43.9%)	4821 (46.4%)
>=85	19 (4%)	169 (4.3%)	415 (4%)
Missing	* (*%)	24 (0.6%)	63 (0.6%)
Race/Ethnicity Group			
Hispanic	* (*%)	75 (1.9%)	225 (2.2%)
Non-Hispanic White	410 (85.2%)	3371 (85.7%)	8940 (86.1%)
Non-Hispanic Black	* (*%)	93 (2.4%)	272 (2.6%)
Non-Hispanic Asian	* (*%)	51 (1.3%)	130 (1.3%)
Other/Unknown	52 (10.8%)	344 (8.7%)	819 (7.9%)
Census Region			
South	319 (66.3%)	2078 (52.8%)	5253 (50.6%)
Midwest	66 (13.7%)	739 (18.8%)	2182 (21%)
Northeast	64 (13.3%)	781 (19.9%)	2120 (20.4%)
West	32 (6.7%)	>325 (>8.3%)	829 (8%)
Unknown	0 (0%)	* (0%)	2 (0%)
Insurance Category At First Med			
Medicare	374 (77.8%)	3094 (78.6%)	8308 (80%)
Commercial	68 (14.1%)	592 (15%)	1451 (14%)
Medicaid	* (*%)	29 (0.7%)	98 (0.9%)
Self-pay	* (*%)	13 (0.3%)	22 (0.2%)
Other	28 (5.8%)	206 (5.2%)	507 (4.9%)

CONCLUSIONS

- The number of treated patients increased 2.6-fold from 2024 to 2025.
- About three-quarters of treated patients had MCI, moderate comorbidity burden, and relatively lower frailty, consistent with the clinical profile of patients eligible for anti-amyloid therapy.
- Disparities in use were observed: majority treated were non-Hispanic White patients and urban residents.
- Improving access to anti-amyloid therapies for all eligible patients—within a shared decision-making framework—will require public health policy and practice reforms that address socioeconomic drivers of disparities in the drug access and adherence.

AD Before Med	MCI Before Med	N	%
No	No	346	3.2
No	Yes	846	7.8
Yes	No	2,334	21.6
Yes	Yes	7,284	67.4

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