

Leqembi

Perspectives Q&A

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July 2023



Leqembi has gained full approval by the Food and Drug Administration (FDA) and is in the media spotlight, despite concerns about the safety, cost, and accessibility of the Alzheimer's drug. Earning its fame in the media, Leqembi is only the second drug in a new category of treatments meant to slow the progression of Alzheimer's with full regulatory approval; the rest are only meant to target the disease's symptoms. Although this drug is ground-breaking for the treatment of Alzheimer's, many are worried about its side effects and overall efficacy.

You might remember a similar article from the [newsletter in February 2022](#) where we introduced the latest Alzheimer's drug at the time, Aduhelm. This time we'll fill you in on Leqembi and its effects on the market while showing its similarities and differences to Aduhelm.

Q. What is Leqembi, and how does Aduhelm compare?

A. As mentioned, Leqembi is the recently approved Alzheimer's drug that aims to slow the progression of the illness by targeting a type of protein in the brain called beta-amyloid plaque, which is a marker for the disease. Most other Alzheimer's drugs with full FDA approval are only meant to target the symptoms of the illness.

It is worth noting the similarities between the newly approved drug and Aduhelm. Neither are a cure for the disease, but both Alzheimer's drugs are in the game of slowing down cognitive decline directly, rather than simply addressing the symptoms. These drugs both target beta-amyloid plaque, and they have both proven to be effective in slowing or reducing the buildup of it.

Reductions in brain plaque are appealing, but at the end of the day, the goal is to improve the lives of the patients, and Leqembi might take the edge in this effort. Despite its consistent results at removing amyloid plaque, Aduhelm has a debatable effect on slowing the actual cognitive decline of the patient. Conversely, Leqembi has been shown to be successful here, at least, to a small degree.

Q. How effective is Leqembi?

A. Leqembi shows promise as a moderately effective drug in slowing the progression of Alzheimer's; in a study of 856 patients, participants receiving Leqembi showed a [statistically significant reduction in beta-amyloid plaque](#). A reduction in beta-amyloid plaque is encouraging, but not necessarily guaranteed to show noticeable change in a patient's condition. However, another study looked at the cognitive decline on a subjective scale of severity. After 18 months, patients on Leqembi showed a [27% slower rate of cognitive decline](#) than the placebo group.

Although you may interpret these results as promising, Leqembi receives its share of criticism as well. Most notably, the drug comes with a [warning for amyloid-related imaging abnormalities \(ARIA\)](#), which typically presents itself as temporary swelling or minor bleeding in the brain, but more severe symptoms can develop. In the aforementioned 18-month study, ARIA was detected in 12.6% of the Leqembi participants compared to 1.7% of the placebo group. Though the clinical trials have shown promise of Leqembi's positive effects, experts have called the drug's effect "modest" and are not convinced the drug has earned its FDA approval.

Aduhelm received some similar criticism about its efficacy and ability to show significant slowing of cognitive decline. [Multiple articles, experts, and sites](#) agree that Aduhelm has not been proven to reverse or significantly slow Alzheimer's, but the FDA has said that "its ability to reduce clumps of plaque in the brain" is likely to slow dementia or the symptoms of Alzheimer's disease, although many scientists, experts, and college professors say there is little evidence to support this claim.

Q. Are there other concerns?

A. In addition to concern about the efficacy and side effects of Leqembi, the price tag is also cause for concern. At [\\$26,500](#) a year, the steep cost may be too much for the comparatively minor effect the drug provides. Most of the patients using Leqembi will be old enough to qualify for Medicare, and the Center for Medicare & Medicaid Services

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(CMS) has confirmed its commitment [“to help people with Alzheimer’s disease have timely access to innovative treatments that may lead to improved care and better outcomes”](#) and said [it will pay for eighty percent of the \\$26,500 annual cost of the drug](#). Patient would still be responsible for nearly \$6,600 in co-payments, some of which could be covered by supplemental private insurance companies that many Medicare patients carry. Although the Medicare coverage is substantial for the drug, experts have estimated the total cost of being prescribed Leqembi, including medical visits for infusions and regular brain scans, could be upwards of \$90,000 per year. Covered at eighty percent, \$18,000 could remain the patient’s responsibility. With such high costs, it’s easy to see the concern about the relationship between efficacy and affordability and it is still unclear at this time whether the cost will be worth it for most patients and their families.

Similarly, Aduhelm originally had a yearly cost of \$56,000 and received similar feedback in relation to its cost vs. efficacy. Given the original \$56,000 expense and potential targeted population of Medicare patients, [Medicare increased its Part B Premium](#) to account for this potential upcoming cost. Then, in December of 2021, [Biogen decided to cut Aduhelm’s price in half](#) to just a little over \$28,000, which [left questions about revisiting](#) the substantial increase in Medicare Part B premium.

There has been no news about a plan to increase premiums in lieu of Leqembi’s approval.