Navigating Treatment Options

There is exciting progress in Alzheimer’s and dementia research that is creating promising treatments for people living with the disease. It is important to learn as much as you can about which drugs are available. Talk about your options with your doctor.

The U.S. Food and Drug Administration (FDA) has approved medications for Alzheimer’s. These fall into two categories:

- Drugs that temporarily ease some symptoms of Alzheimer’s disease.
- Drugs that change disease progression in people living with Alzheimer’s.

When thinking about any treatment, it is important to have a conversation with a health care professional to determine whether it is appropriate. A doctor who is experienced in using these medications should monitor people who are taking them and provide information that can help people make informed decisions about their usage and care.

**Drugs That Treat Symptoms**
As Alzheimer’s progresses, brain cells die and connections among cells are lost. This causes cognitive (memory and thinking) and noncognitive (behavioral and psychological) symptoms to worsen. While these medications do not stop the damage Alzheimer’s causes to brain cells, they may help lessen or stabilize symptoms for a limited time.

To learn more about these drugs, including the different types available, who is eligible and potential side effects, visit [alz.org/medications](http://alz.org/medications).

**Drugs That Change Disease Progression**
Drugs in this category slow disease progression. They slow the decline of memory and thinking, as well as function, in people living with Alzheimer’s disease.

The treatment landscape is rapidly changing. For the most up-to-date information on FDA-approved treatments for Alzheimer’s disease, visit [alz.org/medications](http://alz.org/medications).

**Amyloid-targeting approaches**
Anti-amyloid treatments work by removing beta-amyloid, a protein that accumulates into plaques, from the brain. Each works differently and targets beta-amyloid at a different stage of plaque formation.
These treatments change the course of the disease in a meaningful way for people in the early stages, giving them more time to participate in daily life and live independently. Clinical trial participants who received anti-amyloid treatments experienced reduction in cognitive decline observed through measures of cognition and function.

Examples of cognition measures include:
- Memory.
- Orientation.

Examples of functional measures include:
- Conducting personal finances.
- Performing household chores such as cleaning.

Anti-amyloid treatments do have side effects. These treatments can cause serious allergic reactions. Side effects can also include amyloid-related imaging abnormalities (ARIA), infusion-related reactions, headaches and falls.

ARIA is a common side effect that does not usually cause symptoms but can be serious. It is typically a temporary swelling in areas of the brain that usually resolves over time. Some people may also have small spots of bleeding in or on the surface of the brain with the swelling, although most people with swelling in areas of the brain do not have symptoms. Some may have symptoms of ARIA such as headache, dizziness, nausea, confusion and vision changes.

Some people have a genetic risk factor (ApoE ε4 gene carriers) that may cause an increased risk for ARIA. The FDA encourages that testing for ApoE ε4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. Prior to testing, doctors should discuss with patients the risk of ARIA and the implications of genetic testing results.

Learn more about ARIA at https://training.alz.org/products/1018/living-with-alzheimers-for-people-with-alzheimers

These are not all the possible side effects, and individuals should talk with their doctors to develop a treatment plan that is right for them, including weighing the benefits and risks of all approved therapies.
**Aducanumab (Aduhelm®)**

Aducanumab (Aduhelm) is an anti-amyloid antibody intravenous (IV) infusion therapy that is delivered every four weeks. It has received accelerated approval from the FDA to treat early Alzheimer's disease, including people living with mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease who have confirmation of elevated beta-amyloid in the brain.

Aducanumab was the first therapy to demonstrate that removing beta-amyloid from the brain reduces cognitive and functional decline in people living with early Alzheimer's.

Aducanumab is being discontinued by its manufacturer, Biogen. The company stated that people who are now receiving the drug as part of a clinical trial will continue to have access to it until May 1, 2024, and that people who are now receiving it by prescription will have it available to them until Nov. 1, 2024.

Visit [alz.org/aducanamab](https://alz.org/aducanamab) for more information.

**Donanemab (Kisunla™)**

Donanemab (Kisunla) is an anti-amyloid antibody intravenous (IV) infusion therapy delivered every four weeks. It has received traditional approval from the FDA to treat early Alzheimer's disease, including people living with mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease who have confirmation of elevated beta-amyloid in the brain. There is no safety or effectiveness data on initiating treatment at earlier or later stages of the disease than were studied.

Donanemab was the third therapy to demonstrate that removing beta-amyloid from the brain reduces cognitive and functional decline in people living with early Alzheimer's.

Visit [alz.org/donanemab](https://alz.org/donanemab) for more information.

**Lecanemab (Leqembi®)**

Lecanemab (Leqembi) is an anti-amyloid antibody intravenous (IV) infusion therapy that is delivered every two weeks. It has received traditional approval from the FDA to treat early Alzheimer's disease, including people living with mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease who have confirmation of elevated beta-amyloid in the brain. There is no safety or
effectiveness data on initiating treatment at earlier or later stages of the disease than were studied.

Lecanemab was the second therapy to demonstrate that removing beta-amyloid from the brain reduces cognitive and functional decline in people living with early Alzheimer's.

Visit alz.org/lecanemab for more information.

**Changes disease progression**

<table>
<thead>
<tr>
<th>Name (Generic/Brand)</th>
<th>Indicated for</th>
<th>Common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aducanumab Aduhelm®*</td>
<td>Alzheimer's disease (MCI or mild dementia)</td>
<td>ARIA, headache and fall</td>
</tr>
<tr>
<td>Donanemab Kisunla™</td>
<td>Alzheimer's disease (MCI or mild dementia)</td>
<td>ARIA, headache</td>
</tr>
<tr>
<td>Lecanemab Leqembi®</td>
<td>Alzheimer's disease (MCI or mild dementia)</td>
<td>ARIA, infusion-related reactions</td>
</tr>
</tbody>
</table>

*To be discontinued on Nov. 1, 2024. Please connect with your provider on treatment options.

**Importance Of Early Diagnosis**

It is important to seek a diagnosis as early as possible. The earlier you are diagnosed, the more treatment options will be available to you. Some medications are only effective in the early stages of the disease.

To determine if you can take a specific treatment, your doctor will need to consider which stage of the disease you are in. Some treatments are only approved for people in a specific stage.

Alzheimer's is a progressive brain disease. This means the disease and resulting symptoms worsen over time. The disease often progresses in the following stages:
● **Asymptomatic**: No cognitive symptoms but possible biological changes in the brain.
● **Mild cognitive impairment (MCI) due to Alzheimer's disease**: Symptoms of cognitive ability loss begin to appear.
● **Mild dementia due to Alzheimer's disease (early stage)**: Typically involves symptoms that interfere with some daily activities.
● **Moderate dementia due to Alzheimer's disease (middle stage)**: More pronounced symptoms that interfere with many daily activities.
● **Severe dementia due to Alzheimer's disease (late stage)**: Symptoms interfere with most daily activities.

### Treatment Benefits And Side Effects
Your doctor may have a conversation with you about how well some of the Alzheimer's treatments work. They may discuss if the potential benefits outweigh the risk of any side effects. Taking a drug is a personal decision that each individual must make on their own with the help of doctors. You may want to ask your doctor:

- How will we decide if this medication is right for me?
- How common are side effects? How will you watch for them?
- If I do experience side effects, how will we manage them? Will I need to stop taking the drug?
- What is the benefit I might receive from this drug? How would that change my daily life?

### Insurance Coverage
If your doctor says you are medically able to take a treatment, your next questions may be about cost and insurance coverage. Because drugs that treat the progression of the disease are newer, coverage is an evolving issue. You should talk to your doctor about coverage and if they can help with appeals.

The Centers for Medicare & Medicaid Services (CMS) announced they will cover donanemab (Kisunla) and lecanemab (Leqembi) as long as an individual's physician enrolls them in a CMS-approved registry.

### Insurance Appeals
If you are denied coverage of an Alzheimer's treatment, there are actions you can take. You may want to file an appeal with your health insurance provider. This can be difficult. You should think about your needs and your medical history before you begin.

All insurance companies and Medicare have a formal appeal process.
1. Call the number on the back of your insurance card. Ask for instructions for how to make a formal appeal. Provide all the information requested on the appeal form.
2. There is often a time limit on appeals. Don’t delay taking action.
3. Keep records/copies of all conversations with the insurance provider.
4. Your doctor may be able to help you with the appeal. Ask them about your options during a visit.

Alzheimer’s Association Resources
- The Alzheimer’s Association 24/7 Helpline (800.272.3900) is available around the clock, 365 days a year. Through this free service, specialists and master’s-level clinicians offer confidential support and information.
- The Alzheimer’s Association & AARP Community Resource Finder (alz.org/crf) is a database of dementia and aging-related resources in your area. This includes doctors, nursing homes and care communities, and support groups.
- ALZNavigator™ (alz.org/alznavigator) is a free interactive online tool that creates custom action plans for users based on their current situation. By answering a few questions, this tool helps guide people living with memory loss and their caregivers to information, resources and next steps.
- ALZConnected® (alz.org/alzconnected) is a free online social networking community for everyone affected by Alzheimer’s or another dementia to share information, ideas, opinions and support.
- TrialMatch® (alz.org/trialmatch) is a free, easy-to-use clinical studies matching service for people with the disease, caregivers and healthy volunteers.

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