

MY LEQEMBI[®] APPOINTMENT TRACKER

Use this resource to stay on top of your treatment schedule.



Please see Important Safety Information on pages 2–4.
Click underlined links for [full Prescribing Information](#)
including Boxed WARNING, and [Medication Guide](#).

MY LEQEMBI APPOINTMENT TRACKER

To get the most out of treatment with LEQEMBI, it's important to stay on top of your infusion schedule and healthcare provider appointments.

This tracker is here to help, with 4 sections you can fill out:



My Care Team

Create a list of the people on your **care team** and record their **contact information**.



My MRI Scans

Keep track of your **MRI** (magnetic resonance imaging) **scans**.



My Treatment Schedule

Keep track of your **LEQEMBI infusions** and note how you're feeling between appointments.



My Other Appointments

Write down any **additional appointments** with your healthcare providers.

WHAT IS LEQEMBI?

LEQEMBI is a prescription medicine used to treat people with early Alzheimer's disease, which includes mild cognitive impairment (MCI) or mild dementia stage of disease.

IMPORTANT SAFETY INFORMATION


i **What is the most important information I should know about LEQEMBI? LEQEMBI can cause serious side effects, including: ARIA (Amyloid-Related Imaging Abnormalities).** ARIA is a side effect that does not usually cause any symptoms, but serious symptoms can occur. ARIA can be fatal. ARIA commonly shows up as temporary swelling in areas of the brain that usually goes away over time. Small spots of bleeding in or on the surface of the brain can occur. Less often, larger areas of bleeding in the brain can occur. Most people with ARIA don't have any symptoms. However, some people may notice: headache, confusion that gets worse, dizziness, vision changes, nausea, difficulty walking, or seizures.


Please see additional Important Safety Information on pages 3–4. Click underlined links for [full Prescribing Information](#) including [Boxed WARNING](#), and [Medication Guide](#).





IMPORTANT SAFETY INFORMATION (CONTINUED)

What is the most important information I should know about LEQEMBI?


 Some people have a gene called ApoE4 that may increase the risk of ARIA. Talk to your healthcare provider about testing to see if you have this gene

 You may be at a higher risk of developing bleeding in the brain if you take medicines to reduce blood clots from forming (antithrombotic medicines) while receiving LEQEMBI. Talk to your healthcare provider to see if any of the medicines you're taking increase this risk

 Your healthcare provider will check for ARIA with MRI (magnetic resonance imaging) scans before you start LEQEMBI and during treatment


 You should carry information that says you are receiving LEQEMBI, which can cause ARIA, and that ARIA symptoms can look like stroke symptoms

 **Call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the symptoms listed on page 2.**

 **Serious allergic reactions:
Do not receive LEQEMBI if you have serious allergic reactions to LEQEMBI or any of the ingredients in LEQEMBI.**

- Tell your healthcare provider if you notice any symptoms during or after a LEQEMBI infusion, including:

 swelling of the face, lips, mouth, or tongue

 itchy bumps on the skin, also known as hives

 difficulty breathing

Please see additional Important Safety Information on pages 2 and 4. Click underlined links for full Prescribing Information including Boxed WARNING, and Medication Guide.

IMPORTANT SAFETY INFORMATION (CONTINUED)

Infusion-related reactions:

- Tell your healthcare provider right away if you notice any of these symptoms during a LEQEMBI infusion:



fever



dizziness or
lightheadedness



flu-like symptoms
(chills, body aches,
feeling shaky, joint pain)



fast or slow heart rate,
or feeling like your
chest is pounding




nausea and/or
vomiting



difficulty breathing or
shortness of breath

- If you have an infusion-related reaction, your healthcare provider may give you medicines before your next infusion to lower the chance of having a reaction

 **The most common side effects** of LEQEMBI include infusion-related reactions, ARIA, and headaches.

 **These are not all the possible side effects of LEQEMBI. Call your doctor for more information and medical advice about side effects. You may report side effects to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088.**

 **Before receiving LEQEMBI, tell your healthcare provider about:**

- **All your medical conditions**, including if you are pregnant, breastfeeding, or plan to become pregnant or breastfeed. It is not known if LEQEMBI could harm your unborn or breastfeeding baby
- **All the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you take medicines to reduce blood clots from forming (antithrombotic medicines, including aspirin)

Please see additional Important Safety Information on pages 2–3. Click underlined links for [full Prescribing Information](#) including [Boxed WARNING](#), and [Medication Guide](#).

MY CARE TEAM



Fill out the information below to keep your treatment team's contact details in one place.

LEQEMBI Prescriber



Name: _____ Address: _____

Phone: _____

Infusion Nurse



Name: _____ Address: _____

Phone: _____

Primary Care Physician



Name: _____ Address: _____

Phone: _____

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Additional Care Team Members

Name/Role: _____ Address: _____

Phone: _____

Name/Role: _____ Address: _____

Phone: _____

Name/Role: _____ Address: _____

Phone: _____

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MY MRI SCANS

ARIA (amyloid-related imaging abnormalities) is a potential side effect of treatments like LEQEMBI (see page 2 for signs and symptoms). Your healthcare provider will check for ARIA with MRI scans before you start LEQEMBI and during treatment.

See the full MRI schedule below and use the space provided to keep track of each appointment.

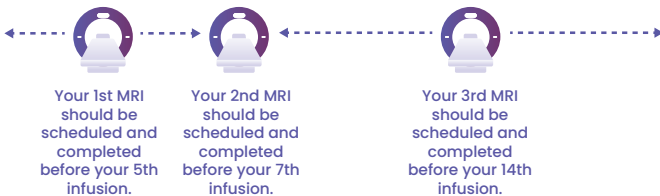
You'll get an MRI scan before starting LEQEMBI.

MY MRI SCHEDULE DURING TREATMENT

Your healthcare provider will check for ARIA with MRI scans before your 5th, 7th, and 14th infusions.

Infusion #

1 2 3 4 5 6 7 8 9 10 11 12 13 14



Your exact MRI schedule will be determined by your healthcare provider and may include additional MRIs.

Example MRI Appointment

Day: *Wednesday, July 10*

Time: *9:30 AM*

Location: *Johnson Imaging
58 Maplewood Drive*

Note the date and time of your appointment. Writing down the day of the week may be helpful, too.

Note the location of the MRI scan.

Please see Important Safety Information on pages 2-4. Click underlined links for [full Prescribing Information](#) including [Boxed WARNING](#), and [Medication Guide](#).

 **LEQEMBI**
(lecanemab-irmb)

MRI #1

Day:

Time:

Location:

MRI #2

Day:

Time:

Location:

MRI #3

Day:

Time:

Location:

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MY TREATMENT SCHEDULE



My Infusions

LEQEMBI infusions are given **twice monthly** (once every 2 weeks), to start. Your healthcare provider will guide you on your schedule.

Use this section to keep track of your LEQEMBI appointments.

FIRST 18 MONTHS

Initial treatment schedule



TWICE MONTHLY

(once every 2 weeks)

and



3 MRIs

Your healthcare provider will check for ARIA with MRI scans before your 5th, 7th, and 14th infusions. Your exact MRI schedule will be determined by your healthcare provider and may include additional MRIs.

Note: Your treatment schedule includes an MRI scan before starting treatment.

AFTER 18 MONTHS

Consider this maintenance treatment schedule



ONCE MONTHLY

(once every 4 weeks)



After 18 months of treatment, you may start maintenance infusions once monthly (once every 4 weeks). You may continue on your current twice-monthly schedule if you and your healthcare provider determine that's the best plan for you.

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Infusion Center Information

Address:

Phone:

Parking Details:

Example Infusion

Day:

Tuesday, August 15

Time:

2:30 PM

Reminders: *Arrive 15 min early*

Talk to Nurse Sarah about how to plan my infusions with my vacation coming up

Note(s) for Care Team:

Note the date and time of your appointment. Writing down the day of the week may be helpful, too.

Note anything you may want to remember or questions you have.

Note how you're feeling and any side effects that may come up between treatments so you can share with your healthcare provider.

Make sure you know about serious allergic reactions:

Swelling of the face, lips, mouth, or tongue, itchy bumps on the skin, also known as hives, or difficulty breathing have happened during a LEQEMBI infusion.

Tell your healthcare provider if you have any symptoms of a serious allergic reaction during or after your LEQEMBI infusion.

Please see Important Safety Information on pages 2–4. Click underlined links for **full Prescribing Information including **Boxed WARNING**, and **Medication Guide**.**



MY TREATMENT SCHEDULE



| Infusion #1 | | Infusion #2 | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

| Infusion #3 | | Infusion #4 | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

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| Infusion #5 | | Infusion #6 | |
|----------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for the Care Team: | | Note(s) for Care Team: | |



You'll need an MRI scan before your 5th, 7th, and 14th infusion. Your exact MRI schedule will be determined by your healthcare provider and may include additional MRIs. Use the tracker on pages 7-8 to stay on top of your appointments.

Make sure you know about infusion-related reactions:

These include fever, flu-like symptoms (chills, body aches, feeling shaky, and joint pain), nausea and/or vomiting, dizziness or lightheadedness, fast or slow heart rate, or feeling like your chest is pounding, changes in your blood pressure, and difficulty breathing or shortness of breath.

Tell your healthcare provider or infusion care team right away if you experience any of these symptoms. They can tell you what to do and if medicine may help.

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| Infusion #7 | | Infusion #8 | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

| Infusion #9 | | Infusion #10 | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

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| Infusion #11 | | Infusion #12 | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

| Infusion #13 | | Infusion #14 | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

Please see Important Safety Information on pages 2–4. Click underlined links for [full Prescribing Information](#) including Boxed WARNING, and [Medication Guide](#).



MY TREATMENT SCHEDULE



Keep track of all your ongoing infusions in the spaces below. You can also use this tracker if you and your healthcare provider decide to start once-monthly maintenance infusions.

| Infusion | | Infusion | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

| Infusion | | Infusion | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

Please see Important Safety Information on pages 2–4.
Click underlined links for [full Prescribing Information](#)
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| Infusion | | Infusion | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

| Infusion | | Infusion | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

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| Infusion | | Infusion | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

| Infusion | | Infusion | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

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If you miss an infusion, you should receive your next dose as soon as possible.

| Infusion | | Infusion | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

| Infusion | | Infusion | |
|------------------------|-------|------------------------|-------|
| Day: | Time: | Day: | Time: |
| Reminders: | | Reminders: | |
| Note(s) for Care Team: | | Note(s) for Care Team: | |

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MY OTHER APPOINTMENTS

Use this section to keep track of any additional healthcare provider visits.

| Example Appointment | |
|--|--------------------------------|
| Day: <i>Monday, October 8</i> | Time: <i>1:00 PM</i> |
| Healthcare Provider: <i>Dr. Patel</i> | |
| Appointment Type and Location: <i>Follow-up visit at doctor's office</i> | |
| Reminders: <i>Bring list of questions to ask</i> | |

Note the date and time of your appointment. Writing down the day of the week may be helpful, too.

Note the name of the person you're seeing.

Note the purpose and location of the appointment.

Note anything your healthcare provider may have told you to keep in mind for the appointment.

| Appointment | |
|---------------------------------------|--------------|
| Day: | Time: |
| Healthcare Provider: | |
| Appointment Type and Location: | |
| Reminders: | |

Please see Important Safety Information on pages 2–4. Click underlined links for **full Prescribing Information** including **Boxed WARNING**, and **Medication Guide**.



Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

Appointment

Day:

Time:

Healthcare Provider:

Appointment Type and Location:

Reminders:

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Support is available throughout treatment

Eisai Patient Support (EPS) provides information and resources to help patients get access to LEQEMBI. It can help with:

- Understanding insurance coverage and potential out-of-pocket costs
- Identifying financial support programs, such as the LEQEMBI Copay Assistance Program for eligible patients
- Connecting with a live representative to answer your questions about access to treatment

Learn more about EPS by visiting EisaiPatientSupport.com/leqembi or calling **1-833-453-7362 (1-833-4-LEQEMBI)**.

Make LEQEMBI Companion™ your treatment companion

LEQEMBI Companion is your digital partner filled with useful information, engaging resources, and helpful tips to return to throughout treatment. Use it during each infusion, between appointments, or whenever you need a little extra support.

Go to LEQEMBI.com/LeqembiCompanion to start exploring.



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