

The Medical Letter®

on Drugs and Therapeutics

Volume 68

Published online August 13, 2026

Advance
Release
Article

IN THIS ISSUE

In Brief: Subcutaneous Lecanemab (*Leqembi Iqlik*) for Initial Treatment of Alzheimer's Disease

Important Copyright Message

FORWARDING OR COPYING IS A VIOLATION OF U.S. AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter, Inc. publications are protected by U.S. and international copyright laws. Forwarding, copying, or any distribution of this material without permission to a nonsubscriber is prohibited.

Sharing a password with a nonsubscriber or otherwise making the contents of this site available to third parties is prohibited.

By accessing and reading the attached content I agree to comply with U.S. and international copyright laws and these terms and conditions of The Medical Letter, Inc.

For further information click: [Subscriptions](#), [Site Licenses](#), [Reprints](#)
or call customer service at: 800-211-2769

The Medical Letter®

on Drugs and Therapeutics

Volume 68

Published online August 13, 2026

Advance
Release
Article

IN THIS ISSUE

In Brief: Subcutaneous Lecanemab (*Leqembi Iqlik*) for Initial Treatment of Alzheimer's Disease

IN BRIEF

Subcutaneous Lecanemab (*Leqembi Iqlik*) for Initial Treatment of Alzheimer's Disease

The FDA has approved *Leqembi Iqlik*, the subcutaneous (SC) formulation of the amyloid beta-directed monoclonal antibody lecanemab, for once-weekly initiation dosing in patients with Alzheimer's disease (AD). The SC formulation was previously approved only for maintenance treatment in patients who had received IV lecanemab for at least 18 months.¹

CLINICAL STUDIES — FDA approval of the new SC starting regimen was based on data from substudies of the open-label CLARITY AD extension trial that found that lecanemab exposure with once-weekly subcutaneous injection was similar to that with IV administration of the drug.²

SC administration of lecanemab was associated with less frequent systemic reactions than IV administration, but severe localized reactions leading to treatment discontinuation have occurred with the SC formulation. The risk of amyloid-related imaging abnormalities with the two formulations is expected to be similar.

DOSAGE AND ADMINISTRATION — *Leqembi Iqlik* is available in single-dose 250 mg/1.25 mL and 360 mg/1.8 mL autoinjectors. The SC starting dosage is 500 mg (given as two 250-mg injections) injected once weekly into the abdomen, thigh, or back of the upper arm. After 18 months, maintenance treatment with lecanemab 10 mg/kg IV every 2 or 4 weeks or 360 mg SC once weekly should be initiated. The SC injection can be administered at home by the patient or caregiver. ■

Table 1. Amyloid-Directed Antibodies for Alzheimer's Disease

Drug	Donanemab (<i>Kisunla</i>)	Lecanemab (<i>Leqembi</i> , <i>Leqembi Iqlik</i>)
Manufacturer	Lilly	Eisai
Indication	Treatment of AD ¹	Treatment of AD ¹
Initial dosing	IV q4 weeks over 30 minutes ²	500 mg SC once/week or 10 mg/kg IV q2 weeks over 1 hour x 18 months
Maintenance dosing interval	1400 mg IV q4 weeks	10 mg/kg IV q2 or 4 weeks or 360 mg SC once/week
MRI monitoring	Baseline and before the 2nd, 3rd, 4th, and 7th infusions	Baseline and before the 3rd, 5th, 7th, and 14th infusions
Treatment duration	May be stopped if amyloid plaque levels are reduced	Indefinite; not based on amyloid plaque levels
Cost (first year) ³	\$32,400	\$24,010

AD = Alzheimer's disease

1. Treatment should be initiated in patients with mild cognitive impairment or mild dementia.
2. Titrated every 4 weeks: 350 mg x1, 750 mg x1, 1050 mg x1, 1400 mg q4 weeks thereafter.
3. Approximate WAC for the first year of treatment in a 70-kg patient. WAC = wholesaler acquisition cost or manufacturer's published price to wholesalers; WAC represents a published catalogue or list price and may not represent an actual transactional price. Source: AnalySource® Monthly. August 5, 2026. Reprinted with permission by First Databank, Inc. All rights reserved. ©2026. www.fdbhealth.com/policies/drug-pricing-policy.

1. In brief: Updates for lecanemab (*Leqembi*) for Alzheimer's disease. *Med Lett Drugs Ther* 2025; 67:182.
2. MC Irizarry and L Reyderman. Lecanemab subcutaneous formulation for maintenance dosing: the potential of a new and convenient option for ongoing treatment in early Alzheimer's disease. Alzheimer's Association International Conference (AAIC) 2025; Toronto, ON; July 27-31, 2025.

PRESIDENT, EDITOR IN CHIEF: Jean-Marie Pflomm, Pharm.D.; **EDITOR IN CHIEF EMERITUS:** Mark Abramowicz, M.D.; **VICE PRESIDENT, ADMINISTRATION:** Gianna Zuccotti, M.D., M.P.H., F.A.C.P., Harvard Medical School; **ASSOCIATE EDITORS:** Susan M. Daron, Pharm.D., Amy Faucard, MLS, Corinne Z. Morrison, Pharm.D., Michael P. Viscusi, Pharm.D.

CONSULTING EDITORS: Joanna Esterow, PA-C, Mordechai Sacks, DMSc, PA-C, Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.

CONTRIBUTING EDITORS: Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons; Ericka L. Crouse, Pharm.D., B.C.P.P., B.C.G.P., F.A.S.H.P., F.A.S.C.P., Virginia Commonwealth University; Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School; Eric J. Epstein, M.D., Dartmouth Hitchcock Medical Center; David N. Juurlink, BPhM, M.D., Ph.D., Sunnybrook Health Sciences Centre; Richard B. Kim, M.D., University of Western Ontario; Sandip K. Mukherjee, M.D., F.A.C.C., Yale School of Medicine; Dan M. Roden, M.D., Vanderbilt University School of Medicine; Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School; Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weill Medical College of Cornell University

MANAGING EDITOR AND DIRECTOR OF CONTENT OPERATIONS: Susie Wong; **EDITORIAL ASSISTANT:** Karrie Ferrara

FULFILLMENT AND SYSTEMS MANAGER: Cristine Romatowski; **EXECUTIVE DIRECTOR OF SALES:** Elaine Reaney-Tomaselli

EXECUTIVE DIRECTOR OF MARKETING AND COMMUNICATIONS: Joanne F. Valentino; **INTERIM PUBLISHER:** Jean-Marie Pflomm, Pharm.D.

Founded in 1959 by Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer: The Medical Letter, Inc. is an independent nonprofit organization that provides healthcare professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter, Inc. does not sell advertising or receive any commercial support. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The Medical Letter, Inc. does not warrant that all the material in this publication is accurate and complete in every respect. The Medical Letter, Inc. and its editors shall not be held responsible for any damage resulting from any error, inaccuracy, or omission.

Subscription Services

Address:

The Medical Letter, Inc.
2 Madison Ave, Ste 211
Larchmont, NY 10538
www.medicalletter.org

Customer Service:

Call: 800-211-2769 or 914-235-0500
Fax: 914-632-1733
E-mail: custserv@medicalletter.org

Permissions:

To reproduce any portion of this issue,
please e-mail your request to:
permissions@medicalletter.org

Subscriptions (US):

1 year – \$179; \$65 per year
for students, interns, residents,
and fellows in the US and Canada.
Reprints – \$45 per issue or article

Site License Inquiries:

E-mail: SubQuote@medicalletter.org
Call: 800-211-2769
Special rates available for bulk
subscriptions

Get Connected: 

Copyright 2026. ISSN 0025-732X

The
Medical
Letter