FOR UNITED KINGDOM CONSUMER, TRADE AND MEDICAL MEDIA

Leqembi®▼ (lecanemab) enters second consultation period following NICE draft guidance update

National Institute for Health and Care Excellence (NICE) makes unusual decision to convene a third committee meeting for additional consideration of lecanemab's appraisal[1,2]

Although the NICE second draft guidance document did not recommend the use of lecanemab, this is not the final decision[1]

Patient, clinical and commissioning experts highlight that the National Health Service will need to consider significant changes to current diagnostic and treatment pathways to support management of early Alzheimer's disease (AD) patients[1]

Eisai welcomes the opportunity for a second consultation period as a positive step forward in its ongoing dialogue with NICE to support medicine access for eligible patients

HATFIELD, HERTFORDSHIRE, UNITED KINGDOM (UK), and MAIDENHEAD, UK, 6 MARCH, 2025 – Eisai Europe Ltd. and Biogen Idec Ltd. announced today that the National Institute for Health and Care Excellence (NICE) will convene a third appraisal committee meeting as part of its ongoing evaluation of Leqembi® (lecanemab).[1] Lecanemab was authorised by the Medicines and Healthcare products Regulatory Agency (MHRA) for the treatment of mild cognitive impairment (MCI) and mild dementia due to Alzheimer's disease (AD) in adult patients that are apolipoprotein E ε4 (ApoE ε4)* heterozygotes or non-carriers on 22 August 2024.[3]

NICE continues to assess the cost-effectiveness of lecanemab and the associated costs of administering it to patients based on current National Health Service (NHS) services and capabilities.[1,4] Following discussions with Eisai and other patient, clinical and commissioning experts, NICE has determined that further consultation is required before it finalises its guidance.[1] NICE's interim second draft guidance does not recommend lecanemab for use within the NHS in England and Wales at this time.[1] However, a second consultation period has now begun which will conclude on 27 March 2025.[1] The date of the third appraisal committee meeting is planned for 14 May 2025.[1]

"We are encouraged by NICE's decision to convene a third committee meeting as it enables further evaluation of lecanemab and how it could be introduced to the NHS. However, today's decision means that eligible early Alzheimer's disease patients in England and Wales still cannot access the medicine through the NHS. Therefore, the significant unmet need for new innovative treatment options that target an underlying cause of disease progression remains," said Nick Burgin, President & COO President Global Value & Access, Eisai EMEA. "We recognise that introducing a new class of medicine is not always straightforward; substantial changes are needed to improve Alzheimer's disease management and lecanemab is just one part of the bigger picture. To facilitate change, the NHS will need to prioritise those impacted by dementia and consider not just individual treatment costs but diagnostic and management pathways collectively, so people living with Alzheimer's disease can benefit from innovative treatments now and in the future."

Eisai remains committed to working collaboratively with NICE and the NHS to enable eligible people living with early AD in England and Wales to access lecanemab as soon as possible.

Kylie Bromley, Biogen's General Manager and Managing Director in the UK & Ireland, said, "There is a critical need for innovative treatments to slow the progress of early Alzheimer's disease and preserve the identity and independence of those impacted for as long as possible. While the additional delay is disappointing news for this community, we are encouraged that the dialogue to secure reimbursement for lecanemab will continue. Together with Eisai, we look forward to further discussions with NICE and NHS England to find a way to ensure that appropriate patients can access this medicine across the NHS in England and Wales."

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AD is the leading cause of death in the UK, and as a neurodegenerative disease, it progresses in stages that cause a loss of cognition, function, and independence.[1,5] NICE noted the substantial burden that caring for someone living with AD can bring, and the significant role of carers and families.[1] It is predicted that approximately 63% of the total cost of dementia care is shouldered by family members who are already experiencing the challenges of watching their loved ones health decline.[6] Carers can also experience tiredness, disturbed sleep, stress and depression, and some have to leave paid employment to provide additional care.[6] It is crucial that the wider societal impact of a disease like AD is taken into consideration when assessing the value of medicines.

Eisai serves as the lead of lecanemab development and regulatory submissions globally with both Eisai and Biogen co-commercialising and co-promoting the product and Eisai having final decision-making authority. In the UK, Eisai and Biogen co-promote the medicine, with Eisai distributing the product as the Marketing Authorisation Holder.

*Apolipoprotein E is a protein involved in the metabolism of fats in humans. It is implicated in AD. People with only one (heterozygous) or no copy (non-carriers) of the ApoE ε4 gene are less likely to experience amyloid-related imaging abnormalities (ARIA) than people with two ApoE ε4 copies (homozygous).[7] ARIA is a recognised important side effect with lecanemab that involves swelling and potential bleeding in the brain.[7]

▼: This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via Yellow Card Scheme at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play and Apple App store. By reporting side effects, you can help provide more information on the safety of this medicine.

Media Contacts:

Eisai Europe, Ltd.
Communications Department
+44 (0) 7974 879 419
EMEA-comms@eisai.net

Biogen Idec Ltd.
UK External Affairs Team
ukicommunications@biogen.com

Notes to editors:

1. About lecanemab

Lecanemab is the result of a strategic research alliance between Eisai and BioArctic. It is a humanised immunoglobulin gamma 1 (IgG1) monoclonal antibody directed against aggregated soluble (protofibril) and insoluble forms of amyloid-beta (Aβ).[3] The medicine is authorised in the U.S.,[8] Japan,[9] China,[10] South Korea,[11] Hong Kong,[12] Israel,[13] the United Arab Emirates,[14] the UK,[3] Mexico,[15] Macau,[16] and Oman[17] and is under regulatory review in 17 countries and regions.

The MHRA's authorisation was primarily based on Phase 3 data from Eisai's global Clarity AD clinical trial, in which the medicine met its primary endpoint and all key secondary endpoints.[3,7] Clarity AD was a Phase 3 global, placebo-controlled, double-blind, parallel-group, randomised study in 1,795 patients with early AD (MCI or mild dementia due to AD, with confirmed presence of amyloid pathology), of which 1,521 were in the UK indicated population (ApoE ε4 heterozygotes or non-carriers).[3,7] The treatment group was administered lecanemab 10 mg/kg every 2 weeks with participants allocated in a 1:1 ratio to receive either placebo or lecanemab for 18 months.[7]

The primary endpoint was the global cognitive and functional scale, Clinical Dementia Rating Sum of Boxes (CDR-SB).[7] In the Clarity AD clinical trial, treatment with lecanemab (n=723), in the UK indicated population (ApoE ε4 heterozygotes or non-carriers), reduced clinical decline on CDR-SB by 33% at 18 months compared to placebo (n=743).[3] The mean CDR-SB score at baseline was approximately 3.2 in both groups.[3] The adjusted least-squares mean change from baseline at 18 months was 1.15 with lecanemab and 1.73 with placebo (difference, −0.58; 95% confidence interval [CI], −0.81 to −0.35; p<0.00001) in the indicated population.[3] CDR-SB is a global cognitive and functional scale that measures six domains of functioning, including memory, orientation, judgement and problem solving, community affairs, home and hobbies, and personal care.[18]

In addition, the secondary endpoint from the AD Cooperative Study-Activities of Daily Living Scale for Mild Cognitive Impairment (ADCS-MCI-ADL), which measures information provided by people caring

for patients with AD, noted 39% less decline compared to placebo at 18 months.[19] The adjusted mean change from baseline at 18 months in the ADCS-MCI-ADL score was −3.47 in the lecanemab group and −5.70 in the placebo group (difference, 2.23; 95% CI, 1.34 to 3.13; p<0.00001).[3] The ADCS-MCI-ADL assesses the ability of patients to function independently, including being able to dress, feed themselves and participate in community activities.[20]

In the UK indicated population (ApoE ε4 heterozygotes or non-carriers), the most common adverse reactions were infusion-related reaction (26%), ARIA-H‡ (13%), fall (11%), headache (11%) and ARIA-E‡‡ (9%).[3]

‡ARIA-H: amyloid-related imaging abnormalities with haemorrhage (cerebral microhaemorrhages and superficial siderosis).

‡‡ARIA-E: amyloid-related imaging abnormalities with oedema (oedema/effusion).

2. About the Collaboration between Eisai and Biogen for AD

Eisai and Biogen have been collaborating on the joint development and commercialisation of AD treatments since 2014. Eisai serves as the lead of lecanemab development and regulatory submissions globally with both companies co-commercialising and co-promoting the product and Eisai having final decision-making authority.

3. About the Collaboration between Eisai and BioArctic for AD

Since 2005, Eisai and BioArctic have had a long-term collaboration regarding the development and commercialisation of AD treatments. Eisai obtained the global rights to study, develop, manufacture and market lecanemab for the treatment of AD pursuant to an agreement with BioArctic in December 2007. The development and commercialisation agreement on the antibody back-up was signed in May 2015.

4. About Eisai EMEA

At Eisai, we give our first thought to patients, their care partners and to society, to increase the benefits health care provides them – we call this *human health care* (*hhc*). We focus beyond the realm of health to the value we bring to society. Through the power of collaboration and by using insights to guide our work, we can make a meaningful contribution to people and society, and to improve outcomes and services for all.

In EMEA, we are the European hub of Tokyo-based Eisai Co. Ltd., forming part of a multinational team working across a global network of R&D facilities, manufacturing sites and marketing subsidiaries.

Our collective passion and dedication to patient care is the driving force behind our efforts to discover and develop innovative medicines in a variety of therapeutic areas where a high unmet medical need remains, including oncology and neurology.

Our mission is clear; we strive to make a significant long-lasting contribution to society in an ethical, compliant, and sustainable way by embodying *hhc* in everything we do.

For more information about Eisai in the EMEA region please visit www.eisai.eu.

5. About Biogen

Founded in 1978, Biogen is a leading biotechnology company that pioneers innovative science to deliver new medicines to transform patient's lives and to create value for shareholders and our communities. We apply deep understanding of human biology and leverage different modalities with aspirations to advance first-in-class treatments or therapies that deliver superior outcomes. Our approach is to take bold risks, balanced with return on investment to deliver long-term growth.

Biogen routinely post information that may be important to investors on its website.

Biogen Safe Harbor

This news release contains forward-looking statements, including about the potential clinical effects of lecanemab; the potential benefits, safety and efficacy of lecanemab; potential regulatory discussions, submissions and approvals and the timing thereof; the treatment of AD; the anticipated benefits and

potential of Biogen's collaboration arrangements with Eisai; the potential of Biogen's commercial business and pipeline programmes, including lecanemab; and risks and uncertainties associated with drug development and commercialisation. These statements may be identified by words such as "aim," "anticipate," "believe," "could," "estimate," "expect," "forecast," "intend," "may," "plan," "possible," "potential," "will," "would" and other words and terms of similar meaning. Drug development and commercialisation involve a high degree of risk, and only a small number of research and development programmes result in commercialisation of a product. Results in early-stage clinical studies may not be indicative of full results or results from later stage or larger scale clinical studies and do not ensure regulatory approval. You should not place undue reliance on these statements.

These statements involve risks and uncertainties that could cause actual results to differ materially from those reflected in such statements, including without limitation unexpected concerns that may arise from additional data, analysis or results obtained during clinical studies; the occurrence of adverse safety events; risks of unexpected costs or delays; the risk of other unexpected hurdles; regulatory submissions may take longer or be more difficult to complete than expected; regulatory authorities may require additional information or further studies, or may fail or refuse to approve or may delay approval of Biogen's drug candidates, including lecanemab; actual timing and content of submissions to and decisions made by the regulatory authorities regarding lecanemab; uncertainty of success in the development and potential commercialisation of the medicine; failure to protect and enforce Biogen's data, intellectual property and other proprietary rights and uncertainties relating to intellectual property claims and challenges; product liability claims; and third party collaboration risks, results of operations and financial condition. The foregoing sets forth many, but not all, of the factors that could cause actual results to differ from Biogen's expectations in any forward-looking statement. Investors should consider this cautionary statement as well as the risk factors identified in Biogen's most recent annual or quarterly report and in other reports Biogen has filed with the U.S. Securities and Exchange Commission. These statements speak only as of the date of this news release. Biogen does not undertake any obligation to publicly update any forward-looking statements.

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