LECANEMAB APPROPRIATE USE RECOMMENDATIONS

These appropriate use recommendations (AURs) are for the use of lecanemab for the treatment of early AD (ie, MCl due to AD or mild AD dementia) with confirmed brain amyloid pathology based on the clinical guidance developed by the Alzheimer's Disease and Related Disorders Therapeutics Working Group and the FDA Prescribing Information for lecanemab. This piece is part of an appropriate use toolkit independently developed by the Alzheimer's Association for HCPs who have decided to offer lecanemab for a patient meeting eligibility criteria. These AURs apply to lecanemab; other anti-amyloid monoclonal antibodies may have different management requirements. AURs specific to the monoclonal antibody being considered should be referenced.

Review this section of the toolkit to learn more about the recommended safety MRI monitoring schedule for lecanemab and when supplementation with additional MRI scans may be appropriate.

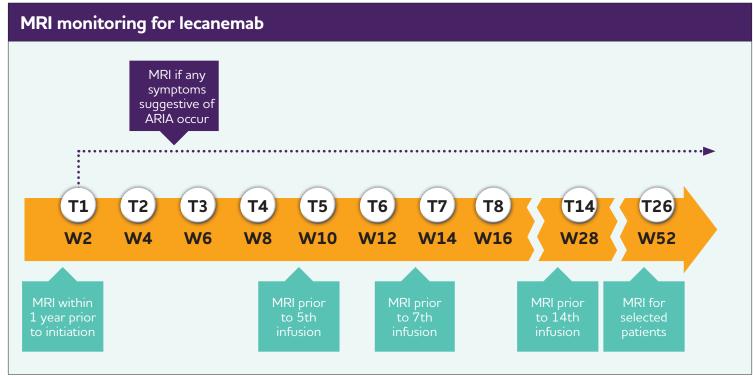
ARIA Monitoring



Lecanemab treatment has the common side effect of amyloid-related imaging abnormalities (ARIA). Two types of ARIA occur: ARIA-E with edema and ARIA-H with hemorrhagic changes. Post-treatment monitoring recommendations aim to detect ARIA and guide management decisions that minimize the likelihood of worsening or recurrence of imaging abnormalities.

The appropriate use recommendations propose MRI scans prior to the 5th, 7th, and 14th infusions of lecanemab. Additionally, an MRI scan is recommended prior to the 26th infusion at week 52, especially in patients who are APOE4 carriers or had evidence of ARIA (with or without symptoms) on prior scans.

In addition to scheduled safety monitoring, any symptoms suggestive of ARIA may also warrant unscheduled MRIs. Clinical considerations include the quality and intensity of the symptoms and the likelihood that they are caused by ARIA. Increased vigilance and monitoring is appropriate in APOE4 carriers (especially homozygotes) given their increased risk for ARIA.



Access additional sections of the appropriate use toolkit to learn about managing adverse effects of treatment.

AD, Alzheimer's disease; ARIA, amyloid-related imaging abnormalities; HCP, healthcare provider; MCI, mild cognitive impairment;

MRI, magnetic resonance imaging; T, treatment; W, week.

Cummings J, Apostolova L, Rabinovici GD, et al. Lecanemab: appropriate use recommendations. *J Prev Alzheimers Dis.* 2023;10(3):362-377. doi:10.14283/jpad.2023.30

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