

LECANEMAB APPROPRIATE USE RECOMMENDATIONS

These appropriate use recommendations (AURs) are for the use of lecanemab for the treatment of early AD (ie, MCI 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 recommended resources for the safe and effective use of lecanemab and management of serious or severe ARIA.

Clinical Workflow Considerations



Resources needed by a clinician or medical center for the safe and effective use of lecanemab

- Clinician skilled in the assessment of cognition to identify individuals with MCI or mild dementia due to AD
- MRI available for baseline assessment of cerebrovascular pathology and for monitoring of amyloid-related imaging abnormalities (ARIA)
- Radiologists, neurologists, or other clinicians expert in the identification and interpretation of cerebrovascular lesions and ARIA
- Amyloid positron emission tomography or lumbar puncture capability to determine the amyloid status of treatment candidates
- Radiologists, nuclear medicine specialists, neurologists, or other specialists skilled in the interpretation of amyloid imaging or neurologist, radiologists, or other clinicians skilled in the conduct of lumbar puncture
- Apolipoprotein E genotyping resources
- Genetic expertise to counsel patients on the implications of apolipoprotein E genotyping
- Expertise in communicating with patients and care partners regarding anticipated benefits, potential harm, and requirements for administration and monitoring while on lecanemab
- Infusion settings that can be made available every 2 weeks to patients receiving therapy
- Knowledgeable staff at infusion sites capable of recognizing and managing infusion reactions
- Communication channels established between experts interpreting MRIs and clinicians treating patients with lecanemab
- Communication channels established between clinicians treating patients with lecanemab and the patient and care partner
- Availability of hospital resources for management of serious and severe ARIA including an intensive care unit
- Expertise in the management of seizures and status epilepticus for patients with serious or severe ARIA
- Protocol with standard operating procedures for management of serious and severe ARIA

Medical center resources needed to manage serious or severe ARIA

- Emergency department with resources to assess suspected or known ARIA
- MRI scanners readily available for unscheduled scanning of symptomatic patients
- Knowledgeable MRI readers proficient in detecting and interpreting ARIA
- Clinicians with experience in the management of cerebral edema or ARIA
- Hospital ward for monitoring and management
- Intensive care unit availability
- Electroencephalography available to inpatients
- Neurologist with experience in management of seizures and status epilepticus

The Alzheimer's Association Health Systems team is here to support your clinicians and systems with drug treatment readiness. Reach out to hcpservices@alz.org to be connected to a Health System Director in your area.

Please scan or click below to view the full Prescribing Information for lecanemab



Please scan or click below to view the lecanemab appropriate use recommendations publication



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

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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