

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 intravenous dosing and administration of lecanemab.

Appropriate Dosing and Administration



Administration

Intravenously (IV) every other week. No titration is required.

Dosing

10 mg/kg of body weight

Quantity

Vials of 500 mg/5 mL (100 mg/mL) or 200 mg/2 mL (100 mg/mL)

Preparation

Added to infusion bag containing 250 mL of 0.9% sodium chloride injection and administered through an IV line with a terminal low-protein binding 0.2 micron in-line filter

Length of Infusion

Approximately 1 hour

Post-Infusion Observation

Patients should be observed for 3 hours after first infusion with a follow-up telephone call later that day. During the call, patients should be queried about the presence of any symptoms which may indicate an infusion reaction including fever, chills, headache, rash, nausea, vomiting, abdominal discomfort, or elevated blood pressure. The post-infusion observation period may be reduced to 2 hours for the second and third infusions and to 30 minutes for subsequent infusions if no infusion reactions have occurred.

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; HCP, healthcare provider; MCI, mild cognitive impairment.

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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