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 the incidence, grading, and management of infusion reactions with lecanemab.

Management of Infusion Reactions

ALZHEIMER'S ASSOCIATION

Incidence

Usually occur during the first 2 treatments and seen during the infusion or up to several hours after the infusion. In the CLARITY AD phase 3 trial of lecanemab, infusion reactions occurred in 26.4% of participants on lecanemab.

Infusion reaction symptoms

Fever, chills, headache, rash, nausea, vomiting, abdominal discomfort, and elevated blood pressure. Infusion reactions typically resolve within 24 hours and can usually be managed at home.

Grading of infusion reactions

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Mild transient reaction; infusion interruption not indicated; intervention not indicated	Infusion interruption but responds promptly to symptomatic treatment (eg, antihistamines, acetaminophen, NSAIDs, narcotics, IV fluids); prophylactic medication indicated for <24 hours	Prolonged recurrence of symptoms following initial improvement; hospitalization may be indicated for clinical sequelae (eg, poorly controlled hypertension)	Life-threatening consequences; urgent intervention indicated (may require pressor or ventilatory support)	Death

Managing reactions

- For mild to moderate skin hypersensitivity reactions, diphenhydramine or a topical corticosteroid cream can be used

Grade 2 Infusion Reactions

- Interrupt lecanemab
- Treat with diphenhydramine and acetaminophen every 4-6 hours until symptoms fully resolve
- 30 minutes before the next infusion after a reaction, pretreatment with oral diphenhydramine (25 mg-50 mg) and oral acetaminophen (650 mg-1000 mg) should occur
  - If this is ineffective, low-dose oral dexamethasone (0.75 mg) or oral methylprednisolone (80 mg) for management of elevated blood pressure can be given 6 hours prior to infusions
- A prophylactic regimen should be used until the patient is asymptomatic for 2-4 infusions
- If a new reaction occurs, oral diphenhydramine (25 mg-50 mg) and oral acetaminophen (650 mg-1000 mg) can be given every 4-6 hours

Grade 3 or Higher Infusion Reactions

- Discontinue lecanemab
- Significant symptoms can be treated with oral dexamethasone (0.75 mg/day for 2-3 days) or oral methylprednisolone (80 mg twice daily for 2-3 days)

AD, Alzheimer's disease; HCP, healthcare provider; IV, intravenous; MCI, mild cognitive impairment; NSAID, nonsteroidal anti-inflammatory.

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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