

## 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 when lecanemab discontinuation may be appropriate.

# Stopping Lecanemab



### Stop lecanemab therapy for any of the following amyloid-related imaging abnormalities (ARIA)-related observations:

- Any macrohemorrhage
- More than 1 area of superficial siderosis
- More than 10 microhemorrhages since treatment initiation
- More than 2 episodes of ARIA
- Severe symptoms of ARIA
- Patient requires treatment with an anticoagulant

### Stop lecanemab therapy for severe infusion reactions:

- A grade 3 or higher infusion reaction (per scoring criteria shown below)

### 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

AD, Alzheimer's disease; ARIA, amyloid-related imaging abnormalities; 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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