



Infusion Center Checklist for Anti-amyloid Monoclonal Antibodies for Alzheimer's Disease

Lecanemab (Leqembi®)

Donanemab (Kisunla®)

Dilute in 250 mL of 0.9% sodium chloride injection, USP	Allow to come to room temperature before preparation
Allow diluted solution to come to room temperature prior to infusion	Dilute to final concentration of 4 mg/mL to 10 mg/mL with 0.9% sodium chloride injection
Administer every 2 weeks; after 18 months, may switch to every 4 weeks	Administer every 4 weeks
<ul style="list-style-type: none">– Calculate dose, volume, and number of vials based on patient's weight– Recommended dose is 10 mg/kg; each vial contains 100 mg/mL	<ul style="list-style-type: none">– Titration of 350 mg, 700 mg, then 1050 mg, followed by 1400 every 4 weeks– Each vial contains 350 mg/20 mL (17.5 mg/mL)
Each vial is 1-time use only	Each vial is 1-time use only
Immediate use after dilution is recommended, but can be stored at 36° F to 46° F for up to 4 hours or at room temperature for up to 4 hours	Immediate use after dilution is recommended, but can be stored at 36° F to 46° F for up to 72 hours or at room temperature for up to 12 hours
Infuse over approximately 1 hour	Infuse over approximately 30 minutes
Monitor patients for 3 hours following first infusion, 2 hours for second, and 30 minutes for subsequent infusions	Monitor patients for 30 minutes following the infusion

- ☒ Ask patients about any symptoms of amyloid-related imaging abnormalities (ARIA) prior to every infusion:
 - Symptoms of mild or moderate ARIA include headache, dizziness, nausea, visual disturbances, confusion, or gait difficulty
 - Symptoms of severe ARIA include seizures, status epilepticus, stupor, focal neurologic deficits, or encephalopathy
- ☒ If ARIA symptoms are reported, consult with the patient's neurologist prior to infusion
- ☒ Ask patient about any prior infusion-related reactions before administering infusion
 - Symptoms include fever, flu-like symptoms, sweating, chest pain, nausea, vomiting, hypotension, hypertension, or oxygen desaturation
- ☒ Be prepared to provide acetaminophen 650 to 1000 mg or diphenhydramine 25 to 50 mg 30 minutes prior to a subsequent infusion if necessary
 - In some cases, nonsteroidal anti-inflammatory drugs, antihistamines, or corticosteroids may also be necessary
 - Stop the infusion with more-severe reactions
 - Administer until the patient is asymptomatic in clinic and at home following 2 to 4 infusions