

Seamless ATT Implementation

Pharmacy-Led Protocols, Safety, and Real-World Workflow Solutions

PURPOSE

Provide pharmacists with a practical, stepwise toolkit to support acquisition, preparation, administration, and monitoring of amyloid-targeting therapies (ATTs), enabling safe implementation, proactive amyloid-related imaging abnormalities (ARIA) management, and coordinated multidisciplinary workflows in real-world practice.

WORKFLOW OVERVIEW (AT-A-GLANCE)

Confirm readiness → Prepare system → Administer safely → Monitor proactively → Coordinate ongoing care



PRE-INFUSION READINESS CHECK

DECISION QUESTION

Are all required clinical, safety, and readiness prerequisites in place before therapy is ordered or scheduled?

Confirm documentation of:

- Approved indication (MCI due to Alzheimer's disease [AD] or mild Alzheimer's dementia)
- Amyloid-positive biomarker confirmation
- Baseline magnetic resonance imaging (MRI) reviewed and acceptable for therapy initiation
- APOE ε4 status assessed or discussed, as appropriate
- Patient and caregiver readiness for treatment, monitoring, and follow-up

Pharmacy role:

Serve as the final readiness checkpoint by verifying that all prerequisites are met before infusion scheduling, helping prevent avoidable delays, rework, or safety concerns.



DRUG ORDERING & ACQUISITION

DECISION QUESTION

Are ordering, storage, and distribution processes in place to support timely and uninterrupted therapy initiation?

Seamless ATT Implementation

Pharmacy-Led Protocols, Safety, and Real-World Workflow Solutions

Key considerations:

- Agent ordering aligned with established protocol and formulary status
- Cold-chain storage and handling requirements verified
- Inventory planning coordinated with infusion cadence and scheduling
- Clear handoff and communication between pharmacy and infusion services

Pharmacy role:

Coordinate drug acquisition, storage, and distribution to ensure uninterrupted access and smooth handoff to infusion operations.

EU CONSIDERATIONS

- Access may depend on hospital or regional formulary approval
- Centralized procurement processes may affect acquisition timelines
- Pharmacists often coordinate ordering and distribution across multiple institutions or sites



INFUSION PREPARATION & ADMINISTRATION

DECISION QUESTION

Is the patient cleared to proceed with infusion based on interval assessment and protocol requirements?

Preparation checks:

- Verify correct agent, dose, and scheduled interval
- Review interval history and current symptom status
- Confirm no new contraindications or safety concerns since last assessment

Administration considerations:

- Intravenous (IV) infusion per product-specific protocol
- Monitor vital signs and patient tolerance during infusion
- Post-infusion observation per institutional policy

Pharmacy role:

Support standardized administration protocols, verify protocol adherence, and assist with troubleshooting or escalation if deviations or concerns arise.

Seamless ATT Implementation

Pharmacy-Led Protocols, Safety, and Real-World Workflow Solutions

4

INFUSION REACTIONS

DECISION QUESTION

Is the patient experiencing an acute infusion-related reaction that requires intervention or modification of the infusion?

Common infusion-related reactions may include:

- Fever or chills
- Flushing
- Nausea
- Transient blood pressure changes

Management considerations:

- Temporarily slow or interrupt infusion, as indicated
- Provide supportive care per institutional protocol
- Document the event and notify care team

Pharmacy role:

Support consistent response pathways, help distinguish infusion-related reactions from other safety events and reduce unnecessary treatment interruption or discontinuation when clinically appropriate.

5

ARIA MONITORING & MANAGEMENT

DECISION QUESTION

Is ongoing monitoring adequate to detect ARIA early, and are response pathways in place if ARIA is identified?

Monitoring requirements:

- Baseline MRI prior to treatment initiation
- Early surveillance MRIs during the initial months of therapy
- Periodic MRI monitoring thereafter, per protocol
- Additional MRI prompted by new or worsening neurologic symptoms

Seamless ATT Implementation

Pharmacy-Led Protocols, Safety, and Real-World Workflow Solutions

Common ARIA-associated symptoms may include:

- Headache
- Confusion or disorientation
- Dizziness
- Visual disturbances
- Gait imbalance

Response considerations:

- Apply protocol-driven approaches for dose interruption, delay, or discontinuation, as indicated
- Escalate findings promptly to neurology and radiology for coordinated management

Pharmacy role:

Coordinate MRI timing and documentation, apply protocol-driven responses, and support consistent ARIA escalation pathways across the multidisciplinary team.

EU CONSIDERATIONS

- MRI access and scheduling may be centralized
- Monitoring intervals often require coordination across sites or institutions
- Pharmacists frequently help align protocol requirements with local imaging capacity



ONGOING MONITORING & CONTINUITY OF CARE

DECISION QUESTION

Is ongoing monitoring coordinated and sufficient to support safe continuation of therapy between infusions?

Ongoing monitoring focus:

- Adherence to the planned infusion schedule
- Completion and review of scheduled MRI studies
- Identification of new symptoms, adverse events, or caregiver concerns between visits

Seamless ATT Implementation

Pharmacy-Led Protocols, Safety, and Real-World Workflow Solutions

Pharmacy role:

Serve as a continuity anchor by coordinating communication across neurology, infusion services, radiology, and primary care, helping ensure that monitoring, documentation, and follow-up remain aligned over time.



DOCUMENTATION & COMMUNICATION

DECISION QUESTION

Is documentation complete, accurate, and accessible to support safety monitoring, continuity of care, and oversight?

Key documentation elements include:

- Infusion dates, dosing, and scheduling changes
- MRI findings and ARIA status over time
- Adverse events, interventions and outcomes
- Communication handoffs across the care team

Pharmacy role:

Ensure documentation is timely, consistent, and shared across relevant systems to support safety monitoring, reimbursement processes, and coordinated multidisciplinary care.

EU CONSIDERATIONS

- Documentation may span multiple systems, sites, or institutions
- Clear, proactive communication is especially critical in centralized or regional care models

Seamless ATT Implementation

Pharmacy-Led Protocols, Safety, and Real-World Workflow Solutions



WORKFLOW OPTIMIZATION & QUALITY IMPROVEMENT

DECISION QUESTION

Are current workflows and monitoring processes functioning effectively, and where are targeted improvements needed?

Key areas for evaluation include:

- Bottlenecks in MRI access, scheduling, or reporting
- Patterns in ARIA detection, escalation, or management
- Missed, delayed, or rescheduled infusion doses
- Gaps in communication or handoffs across the care team

Pharmacy role:

Leverage real-world experience and data to refine protocols, address system gaps, and improve institutional readiness for ongoing amyloid-targeting therapy delivery.

References

1. Cummings J, Apostolova LG, Rabinovici GD, et al. Lecanemab: appropriate use recommendations. *J Prev Alzheimers Dis.* 2023;10:362–377.
2. Rabinovici GD, Selkoe DJ, Schindler SE, et al. Donanemab: appropriate use recommendations. *J Prev Alzheimer's Dis.* 2025;12(5):100150.
3. Barakos J, Purcell D, Suhy J, et al. Detection and management of amyloid-related imaging abnormalities in anti-amyloid- β therapy. *J Prev Alzheimer's Dis.* 2022;9(2):211–220.
4. Lecanemab-irmb (Leqembi®) Prescribing Information. Eisai Inc; 2023.
5. Donanemab-azbt (Kisunla™) Prescribing Information. Eli Lilly and Company; 2024.



KEY TAKEAWAYS

- 1** ATT implementation is operationally complex and safety-sensitive
- 2** Pharmacy-led workflows reduce delays and improve consistency across sites of care
- 3** Proactive ARIA monitoring and coordination is central to safe ATT delivery
- 4** Clear protocols and communication enable scalable, sustainable implementation
- 5** Pharmacists are essential to maintaining continuity and quality of ATT programs over time