RESOURCE

CME OUTFITTERS

Quick-Reference ATT Landscape

Purpose

Amyloid-targeting therapies (ATTs) are reshaping the care of early Alzheimer's disease (AD). This quick guide equips pharmacists with essential, at-a-glance information on how these therapies work, who they're for, how to monitor them safely, and what operational steps are needed for successful implementation.

This resource is intended as a quick, at-a-glance reference to support learning during the activity and practical application afterward.

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

1 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.

2 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

3

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.

7

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

8

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:

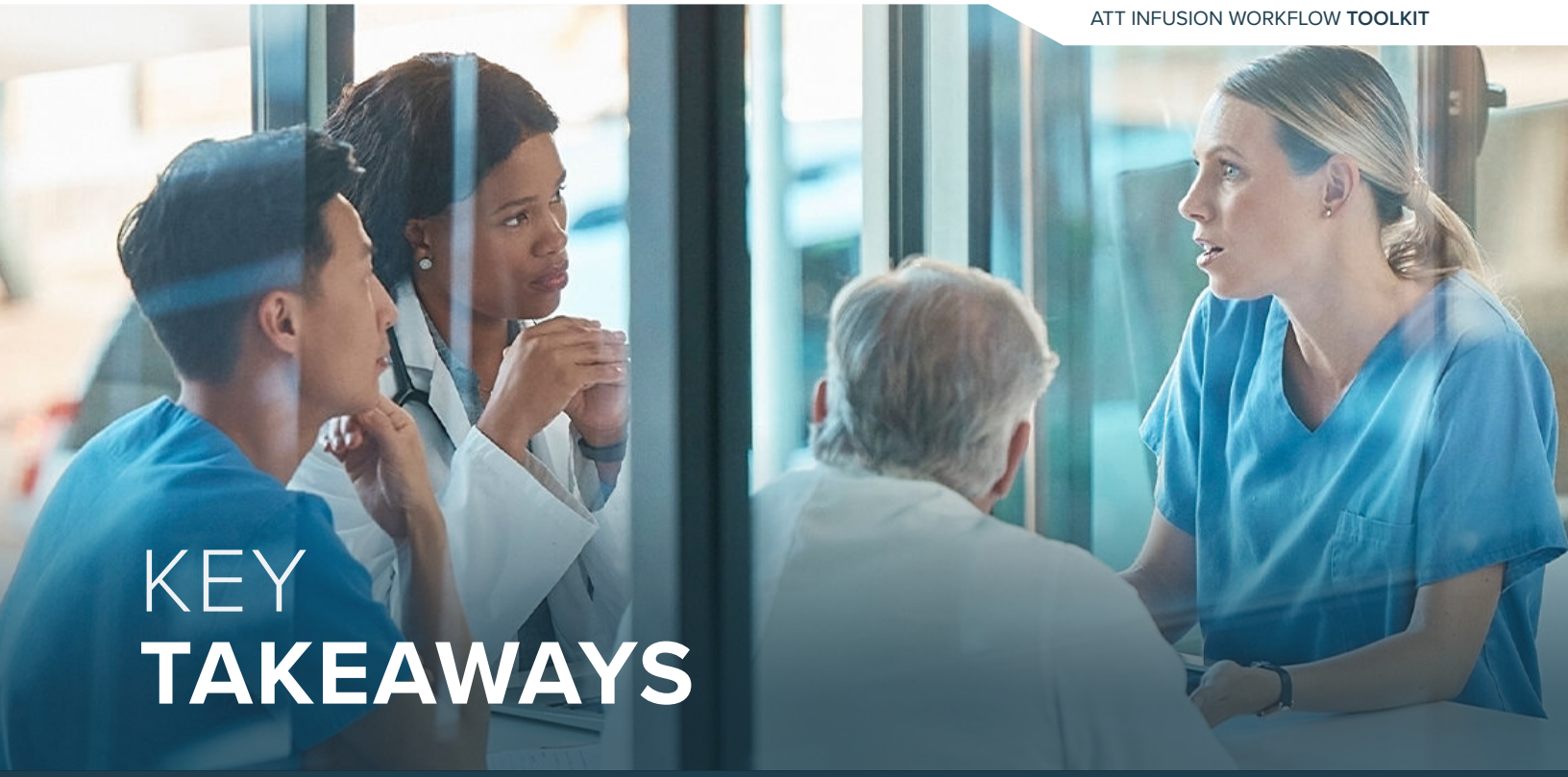
- Bottlenecks in MRI access, scheduling, or reporting
- Patterns in ARIA detection, escalation, or management
- Missed, delayed, or rescheduled infusion doses
- Gaps in communication or handoffs across the care team

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