Understanding Donanemab Treatment for Alzheimer's Disease

Alzheimer's Infusion Clinic at Epworth Freemasons

Our team of neurologists is offering a new treatment service for people with early Alzheimer's disease.

What is Alzheimer's disease?

Alzheimer's disease (AD) is a progressive neurological disorder that primarily affects memory, thinking, and behaviour. It is the most common form of dementia.

Currently, there is no cure for Alzheimer's disease, but there are treatments available to help manage symptoms and improve quality of life. Ongoing research aims to better understand the underlying causes of the disease and develop more effective treatments.

Within the brain, several changes occur over several decades, prior to symptoms emerging. Amyloid protein builds up prior to significant symptoms and is thought to be important for both triggering and perpetuating symptoms. Other changes occur with the onset of symptoms, including spread of tau protein, inflammation and vascular changes.

What is Donanemab?

Donanemab is a disease-modifying drug that removes amyloid from the brain, developed to tackle the causes of Alzheimer's disease rather than solely relieving symptoms.

Donanemab (marketed by Eli Lilly as Kisunla) is an anti-amyloid antibody that removes amyloid plaques. It was fully approved by the US Food and Drugs Administration (FDA) in July 2024 for the treatment of Alzheimer's disease. In May 2025, the Australian TGA approved Donanemab for use.

Donanemab aims to delay cognitive decline due to Alzheimer's disease, it is not expected to improve cognition or memory. Donanemab does not reverse existing disease or stop progression.

Who is Donanemab for?

Donanemab is for people with early stages of Alzheimer's disease before symptoms require more daily support, i.e. patients with mild cognitive impairment or mild dementia.

Donanemab is not for people with moderate or late-stage Alzheimer's disease, those with other types of dementia such as dementia with Lewy bodies, vascular dementia or frontotemporal dementia or for people who carry two copies of the apolipoprotein (APOE4) E4 gene variant as these individuals are at a greater risk of side effects.

Once Alzheimer's disease progresses, Donanemab may no longer be suitable and immediate discussion of treatment with your doctor is important.

Does Donanemab work?

In a recent trial, 76% of people taking Donanemab had amyloid successfully cleared from their brains by the end of treatment.

While everyone in the study continued to experience some decline, those with mild symptoms who received Donanemab showed a slower rate of decline compared to those who did not. This was measured using tools like the iADRS and Clinical Dementia Rating (CDR) scale, which assess memory, thinking, and the ability to carry out everyday tasks. On average, the slowing of decline was equivalent to about five months of preserved function over an 18-month period.

It is important to understand that Donanemab does not reverse Alzheimer's or stop it completely. However, when given early, it may help people maintain their independence for longer.

Will Donanemab give you meaningful benefits?

Data from a recent clinical trial showed the earlier the treatment was given, the greater the benefit, meaning there was more slowing in memory and thinking decline in people with fewer changes in their brains associated with Alzheimer's disease.

Donanemab slowed the progression of memory and thinking decline by more than 20%. After one year, nearly half of the people taking Donanemab had no functional decline in memory and thinking skills. Individuals had a 40% reduction in the decline of their ability to carry out daily activities, such as managing finances, driving and carrying out hobbies.

However, some groups (such as younger people or those with certain genes) did not show as much improvement.

What does treatment involve?

Our team will perform several diagnostic assessments to determine whether the benefits are likely to outweigh any risks before prescribing treatment.

Such assessments can include physical, cognitive, and neurological exams, blood tests (including APOE genotyping), brain magnetic resonance imaging (MRI), brain positron emission tomography (PET), amyloid scans and various health checks.

Because it is important to monitor whether this treatment is beneficial beyond research trials, patient information will be confidentially collected and added to an international patient registry to help ensure appropriate patient selection and use of anti-amyloid antibody treatments for AD. The data collected about patient outcomes and safety will be of critical importance to help make future decisions about treatment options.

What are the potential side effects?

The most common side effects of Donanemab are infusion-related reactions (9%) including allergic reactions, headache, fever, flu-like symptoms, nausea and vomiting which are usually mild and treatable.

Amyloid-related imaging abnormalities (ARIA) is another possible side effect, known to occur with all anti-amyloid antibodies to varying degrees. ARIA seems related to inflammation in the walls of small cerebral cortical vessels where the antibodies interact with amyloid in those vessel walls. ARIA is usually asymptomatic and detected only by monitoring MRI scans.

Most ARIA is without symptoms, but symptoms can be mild temporary reactions including headache, confusion, dizziness, vision changes, difficulty walking and nausea. Management depends on severity, and presence of symptoms and can include continuing, postponing or stopping infusions, monthly additional MRI monitoring until it resolves, and sometimes medication (steroids) to reduce swelling. Rarely, ARIA can cause seizures or larger areas of inflammation and/or bleeding in the brain. ARIA usually occurs in the first 3-6 months and typically resolves within 2-4 months.

It is important to note that these are potential side effects based on clinical trials, and not everyone will experience them. Patients will be provided with an alert card and bracelet explaining they are taking Donanemab in case they need emergency evaluation and treatment.

Has anyone died?

Yes. Unfortunately, there were three deaths among trial participants that were attributed to treatment-related ARIA potentially caused by the drug. An additional death occurred in a participant who was receiving a placebo. All patients will be appropriately assessed to determine if Donanemab is safe for them and monitored throughout treatment.

Where, how and for how long is treatment?

Donanemab is administered at Epworth Freemasons Day Unit, as an intravenous (IV) infusion every 4 weeks, with a planned duration of 18 months. Each infusion may take around 30 minutes to administer, with an additional 30 minutes of observation.

Amyloid PET scans are recommended 6-monthly, and treatment can be completed and ceased early i.e. at 6 or 12 months, if there is evidence of amyloid clearance.

In addition to infusion visits and regularly scheduled visits with their specialists, patients receiving Donanemab will have safety MRIs completed before infusions; 2, 3, 4 and 7 into treatment (plus additional MRIs as indicated).

What is the cost?

Donanemab costs approximately $77,220 for 18 months. If there is evidence of amyloid clearance on Amyloid PET scans, infusions and treatment can be ceased at 6 or 12 months.

Amyloid- PET scans currently cost about $2,000 each. MRIs for this indication are not covered by Medicare and will incur a cost of about $400.

The exact total cost is not yet known and will vary by different health and insurance coverage plans. There is currently no Medicare coverage and Donanemab is not yet covered by the PBS.

Patients may be also responsible for out-of-pocket beyond health fund coverage costs associated with infusions, MRI and PET scans, health care provider appointments and other aspects of treatment.

What if I can't decide if Donanemab is right for me?

There are set guidelines on who will be eligible to receive this treatment. Only individuals who meet the TGA label criteria, as well as the appropriate Australian use recommendation guidelines will be considered to receive it. Some individuals will be ineligible to receive this treatment.

Some patients and families may find it a difficult decision. We will support you and your family by answering your questions, providing medical expertise and guidance as you weigh this new option and provide resources for future research and supportive care.

How can I access this service?

All patients will require a referral to one of our specialists.

Contact us

Melbourne Cognitive Services
Epworth Freemasons
124 Grey Street, East Melbourne VIC 3002
Phone: 03 9483 3833
Website: https://www.melbcognitiveservices.com/