

ADUHELM ORDERS

Status New Therapy Order Renewal Dosage or Frequency Change

Diagnosis

<p><i>PRIMARY</i></p> <input type="checkbox"/> G30.0 Alzheimer's, early onset <input type="checkbox"/> G30.1 Alzheimer's, late onset <input type="checkbox"/> G30.8 Other Alzheimer's	<p><i>SECONDARY</i></p> <input type="checkbox"/> F02.80 Dementia w/o behavioral disturbance <input type="checkbox"/> F02.81 Dementia w behavioral disturbance
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Pertinent Medical History

Patient's weight (most recent): _____ lbs / kg (circle one)
 Infusion clinic will weigh patient prior to future treatments to determine dose.

Beta-amyloid pathology confirmed via:
 Amyloid PET scan Date: _____ -or- CSF analysis Date: _____

MRI obtained within last 12 months? YES NO

Cognitive assessment used: _____ Date: _____ Result: _____

Calculate aducanumab-avwa dose using patient's actual weight and dose table below. Do not round dose.
 Dilute required volume of aducanumab-avwa in 100 ml 0.9% sodium chloride and infuse over at least 60 minutes using a sterile, low protein-binding 0.2- or 0.22-micron in-line filter.

Medication Orders

Treatment Number	Weight-based Dose
Infusion 1 and Infusion 2	1 mg/kg
Infusion 3 and Infusion 4	3 mg/kg
Infusion 5 and Infusion 6	6 mg/kg
Infusion 7 and beyond	10 mg/kg

If infusion-related reaction occurs, stop infusion and treat per orders/protocol as clinically indicated.
 Schedule treatments every 4 weeks (at least 21 days apart). Order valid for one year unless otherwise indicated:
 Order expires on _____ Order expires after _____ treatments

Additional Orders

Monitoring Monitor for signs/symptoms of hypersensitivity during infusion and 15 mins post-infusion.
 For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.

Physician Information

Physician Name	_____	NPI	_____
Office Contact	_____	Phone	_____
Provider Signature:	_____	Date	_____

REQUIRED DOCUMENTATION	
<input type="checkbox"/> Patient Demographics & Insurance Information:	<input type="checkbox"/> Copy of patient's insurance card – front and back
<input type="checkbox"/> Clinical / Progress Notes, supporting primary diagnosis:	<input type="checkbox"/> 2 most recent office notes <input type="checkbox"/> Medication history
<input type="checkbox"/> Most Recent Labs:	<input type="checkbox"/> CMP and CBC

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