

# Aduhelm (aducanumab-avwa)

Provider Order Form rev. 5/9/2022



## PATIENT INFORMATION

|                        |                |                    |                |                                |
|------------------------|----------------|--------------------|----------------|--------------------------------|
| Patient Name:          |                | DOB:               |                |                                |
| Patient Phone:         | Patient Email: |                    |                |                                |
| NKDA                   | Allergies:     | Weight lbs/kg:     |                |                                |
| <b>Patient Status:</b> | New to Therapy | Continuing Therapy | Therapy Change | Next Due Date (if applicable): |

## PROVIDER INFORMATION

|                            |                             |        |           |
|----------------------------|-----------------------------|--------|-----------|
| Referral Coordinator Name: | Referral Coordinator Email: |        |           |
| Ordering Provider:         | Provider NPI:               |        |           |
| Referring Practice Name:   | Phone:                      | Fax:   |           |
| Practice Address:          | City:                       | State: | Zip Code: |

## DOCUMENTATION (REQUIRED)

|      |                                 |                     |                        |
|------|---------------------------------|---------------------|------------------------|
| Labs | Insurance Card (front and back) | Current Medications | History/Progress Notes |
|------|---------------------------------|---------------------|------------------------|

### ICD-10 CODE

DIAGNOSIS\* (\* indicates a required field) Year of diagnosis: \_\_\_\_\_

- G30.0: Alzheimer's disease with early onset **plus either**  
F02.80 Dementia without behavioral disturbance **OR**  
F02.81 Dementia with behavioral disturbance
- G30.1: Alzheimer's disease with late onset **plus either**  
F02.80 Dementia without behavioral disturbance **OR**  
F02.81 Dementia with behavioral disturbance
- G30.8: Other Alzheimer's disease **plus either**  
F02.80 Dementia without behavioral disturbance **OR**  
F02.81 Dementia with behavioral disturbance
- G31.84 Mild cognitive impairment, so stated
- Other: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

### MEDICATION ORDER

#### Note:

1. Obtain MRI at baseline (within 1 year of starting treatment)
2. Obtain MRI prior to cycles 5, 7, 9 and 12 (4 total during first year of therapy) and submit new order after reviewing MRI results

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Dose: (infuse over 1 hour using 0.2-0.22 micron in line filter) Titrate as follows:

|                       |                                     |
|-----------------------|-------------------------------------|
| Infusion 1 and 2      | 1mg/kg IV                           |
| Infusion 3 and 4      | 3mg/kg IV                           |
| Infusion 5 and 6      | 6mg/kg IV (MRI has been completed)  |
| Infusion 7 and 8      | 10mg/kg IV (MRI has been completed) |
| Infusion 9, 10 and 11 | 10mg/kg IV (MRI has been completed) |
| Infusion 12- ongoing  | 10mg/kg IV (MRI has been completed) |

Frequency: Every 4 weeks

Order Expiration Date (mm/dd/yy): \_\_\_\_\_  
(If not indicated order will expire one year from date signature)

|                       |                    |      |
|-----------------------|--------------------|------|
| Provider Name (Print) | Provider Signature | Date |
|-----------------------|--------------------|------|

Check here if this is a stat order