

Patient Name: _____

DOB: _____

ADUCANUMAB-AVWA (ADUHELM™) INFUSION ORDERS

Diagnosis:

- G30.0 Alzheimer's disease, early onset ← G30.X codes require secondary F02.8X code → F02.80 Dementia without behavioral disturbance
 G30.1 Alzheimer's disease, late onset F02.81 Dementia with behavioral disturbance
 G30.8 Other Alzheimer's disease
 G31.84 Mild cognitive impairment, so stated Other: _____
(ICD-10 code) (description)

Gender: M F

Height: _____

CM
 IN

Weight: _____

KG
 LB

Prescriber must indicate the following requirements have been met (please provide documentation):

- Beta-amyloid pathology confirmed via:
 Amyloid PET scan Date: _____ **OR** CSF analysis Date: _____ Result: _____
 Cognitive assessment used: _____ Date: _____ Result: _____
 MRI obtained prior to initiating Aduhelm therapy (within one year) Date: _____ Result: _____

Pre-Infusion:

- Measure and record weight prior to each treatment to determine dose.
 Hold infusion and notify provider if patient reports:
 - headache
 - dizziness
 - nausea
 - vision changes
 - new or worsening confusion

- 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.

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

Post-Infusion:

- Educate patient/caregiver to report headache, dizziness, nausea, vision changes, or new/worsening confusion.
 Fax treatment notes to provider at number below

Prescriber name (print): _____ Fax: _____

Prescriber signature: _____ Date: _____