

ADUHELM

(aducanumab)

FAX to + 1 208.963.3245 or
Email to intake@infusionspecialists.org
To ensure processing of your order,
please complete all fields.



PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
 - History & Physical
 - Patient Demographics
 - Most Recent Labs
 - Medication List
 - MRI within 1 year
 - CSF or PET scan showing amyloid pathology
 - Cognitive assessment & score
- Is MD enrolled in Biogen PATH program? Y N • Is patient enrolled in Biogen PATH program? Y N

PRIMARY DIAGNOSIS

- G30.0 Alzheimer's disease with early onset G30.9 Alzheimer's disease, unspecified
 G30.1 Alzheimer's disease with late onset Other: _____

PRE-MEDICATIONS

- Per infusion clinic protocol, there are no recommended standard pre-meds for Aduhelm
 Provider Prescribed: _____

PRIMARY MEDICATION ORDER

- Aduhelm IV every 4 weeks as follows:
• 1 mg/kg for infusion 1 and 2
• 3 mg/kg for infusion 3 and 4
• 6 mg/kg for infusion 5 and 6
• 10 mg/kg for infusion 7 and beyond
- Other: _____
- MRI to be obtained by referring provider prior to infusions 5, 7, 9, and 12.
- First Dose: Y N Refill x12 months unless otherwise noted: _____

LINE USE/CARE ORDERS

- Start PIV/ACCESS CVC Flush device per Infusion Specialists' protocol (See infusionspecialist.org for detailed policy)
 Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion reaction and anaphylaxis medications per Infusion Specialists' protocol (See infusionspecialist.org for detailed policy) Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

Provider Signature

Date