

Aduhelm (aducanumab) Order Form –

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____

Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

Prior to initiation of therapy, documentation of brain MRI (within one year) is required.

Brain MRIs are also required prior to doses 5 (first dose of 6mg/kg), 7 (first dose of 10mg/kg), 9 (third dose of 10mg/kg) and 12 (sixth dose of 10mg/kg).

Aduhelm Dosing (please check all that apply):

- 1 mg/kg every 4 weeks for doses 1 + 2
- 3 mg/kg every 4 weeks for doses 3 + 4
- 6 mg/kg every 4 weeks for doses 5 + 6
- 10 mg/kg every 4 weeks starting with dose 7

Orders valid through ____ / ____ / ____

Aduhelm administration:

- Administer over 60 minutes through an IV line containing a 0.22 micron, in-line filter.

- * **In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: _____

Provider Signature: _____ Date: _____

Phone: _____ Fax: _____ Pager: _____