NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Aduhelm (Aducanumab) Order Form

Patient Name | Middle | Last | 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