

(Aducanumab)



Aduhelm infusion orders

Patient Name _____

DOB _____

Phone Number _____

M ____ F ____

DIAGNOSIS *Please provide ICD-10 code*

_____ Alzheimer's Disease

_____ Other

PRE-MEDICATIONS

Acetaminophen 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

_____ (other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

_____ (other)

Aduhelm (Aducanumab) ORDERS

DOSAGE & FREQUENCY

1mg/kg once every 4 weeks for infusions 1 and 2

3mg/kg once every 4 weeks for infusions 3 and 4

6mg/kg once every 4 weeks for infusions 5 and 6

Maintenance dose: 10mg/kg once every 4 weeks starting with infusion 7

Obtain an MRI prior to the 5th, 7th, 9th, and 12th infusions.

Patient Weight

_____ lbs

_____ kg

NOTES:

ORDERING PROVIDER

Signature _____ Phone _____ Fax _____

Provider _____ Date _____