Palmetto INFUSION

MRN:_____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

DOB:_____

# Standard Aduhelm® (aducanumab-avwa) Plan of Treatment

NOTE: We require MD office notes to support clinical treatment and may require a Letter of Medical Necessity (depending on diagnosis), to be able to verify eligibility and payment for this treatment through patient Medicare and/or other insurance plan.

**1. Patient Name:**_____ Height (inches):_____ Weight (lbs):_____

**2. Allergies:** _____

**3. Diagnosis**: Please select the appropriate G **and** F codes:

☐ G30.0 Alzheimer's disease with early onset

☐ G31.84 Mild Cognitive Impairment, so stated

☐ G30.1 Alzheimer's disease with late onset

☐ G30.8 Other Alzheimer's disease

☐ F02.8 Dementia without behavior disturbance

☐ F02.81 Dementia with behavior Disturbance

☐ **Other ICD-10 Code (Diagnosis/Description):** _____

Acetaminophen:
□ 1000 mgs PO
□ 650mgs PO
□ 500mgs PO
□ 325mgs PO

Diphenhydramine: □ 25 mgs PO, □ 50mgs PO, □ 25 mgs IVP, □ 50mgs IVP or

Alternate oral antihistamine to diphenhydramine: □ Cetirizine 10 mg, □ Loratadine 10 mg, Fexofenadine □ 60mgs or □ 180mgs

Methylprednisolone □ 40mgs IVP □ 125mgs IVP or other_____mgs IVP

Famotidine: □ 20mgs PO, □ 40mgs PO, □ 20mgs IVP, □ 40mgs IVP

Pre-medicate with other: _____.

**Dose: Aduhelm ® (aducanumab-avwa) over approximately one hour every 4 weeks and at least 21 days apart as directed to infuse per protocol via pump with 0.2 or 0.22-micron filter.**

☐ **Initial titration dosing:** Aduhelm ® (aducanumab-avwa) according to dosing table below followed by maintenance dose of Aduhelm ® (aducanumab-avwa) 10mg/kg every 4 weeks (at least 21 days apart):

| IV Infusion (every 4 weeks) | Aduhelm ® Dosage (administer over approximately one hour) |
|---|---|
| Infusion 1 and 2 | 1mg/kg |
| Infusion 3 and 4 | 3mg/kg |
| Infusion 5 and 6 | 6mg/kg |
| Infusion 7 and beyond | 10mg/kg |

☐ **Maintenance Dosing**: Aduhelm ® (aducanumab-avwa) is 10mg/kg in 100ml of 0.9% Sodium Chloride every 4 weeks (at least 21 days apart)

**Monitoring: Referring provider to obtain MRIs prior to the 7th infusion (first dose of 10mg/kg) and 12th infusion (sixth dose of 10mg/kg).**

**Special orders:** _____

***If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES***

**6. Physician's Signature**:_____/_____ Date: _____

**No Stamp Signatures** (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials:_____ NPI: _____

***7. Fax updated supporting clinical MD notes with each order renewal or change in orders***

*Infusion order forms and Adverse Drug Reaction Guidelines are available at* www.palmettoinfusion.com

Palmetto INFUSION

**Phone: 1-800-809-1265 Fax: 1-866-872-8920**

**MRN:**_____

DOB:_____

**Patient Name:** _____ **Referral Date:**_____

☐ Include signed and completed **Plan of Treatment**. *(MD must complete sections 1-7)*

***(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)***

☐ Include patient demographic information and insurance information. (Copy of insurance cards if

☐ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**

☐ Include recent (within one year) brain magnetic resonance imaging (MRI).

☐ Include primary caregiver contact information, authorization to release protected health information, and/or POA if applicable.

Name: _____ Phone: _____ Relationship: _____

☐ Diagnostic test confirming the presence of amyloid plaque build up

Other as requested: _____

**WARNINGS AND PRECAUTIONS. Amyloid Related Imaging Abnormalities.** ADUHELM can cause amyloid related imaging abnormalities-edema (ARIA-E), which can be observed on MRI as brain edema or sulcal effusions, and amyloid related imaging abnormalities hemosiderin deposition (ARIA-H), which includes microhemorrhage and superficial siderosis. Obtain recent (within one year) brain magnetic resonance imaging (MRI) prior to initiating treatment. The safety of ADUHELM® in patients with any pre-treatment localized superficial siderosis, 10 or more brain microhemorrhages, and/or with a brain hemorrhage greater than 1 cm within one year of treatment initiation has not been established**.**
**Hypersensitivity Reactions**. Promptly discontinue the infusion upon the first observation of any signs or symptoms consistent with a hypersensitivity