FLOMED INFUSION

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ADUHELM (aducanumab-avwa)

PATIENT INFORMATION

Patient Name:__________ Date of Birth: __________ Phone: __________

Status: ☐ New to therapy ☐ Continuing ☐ Next Due Date (if applicable)

PROVIDER INFORMATION

Provider Name:__________ Provider NPI: __________

Practice Address: __________ City: __________ State: __________ Zip: __________

Practice Name: __________

Practice Phone: __________ Fax: __________ Contact Person: __________

MEDICAL INFORMATION

Patient Weight: __________ Patient Height: __________ ICD-10 Code (required): __________ ICD-10 Description: __________

Known Allergies: __________

Required Labs: __________

DETAILS NEEDED FOR AUTHORIZATION

- List other medications patient is currently taking: __________
- PET scan
- Lumbar puncture
- MRI, and NEW MRI before infusions 7 and 12.

ADUHELM (aducanumab-avwa) ORDERS

Administer every 4 weeks as follows (select one):

☐ Initial start w/maintenance dosing
- 1mg/kg for infusions 1 and 2
- 3mg/kg for infusions 3 and 4
- 6mg/kg for infusions 5 and 6
- 10mg/kg for infusions 7 and beyond

☐ Maintenance doing only:
- 10mg/kg

Additional Orders/Comments: __________

ADULT RESCUE MANAGEMENT PROTOCOL

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Following standing reaction orders, including diphenhydramine, methylprednisolone, albuterol, and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

REQUIRED STANDARD DOCUMENTATION NEEDED

- Patient demographics
- Patient medical insurance card, copied front and back
- Patient pharmacy card, copied front and back (if they have one)
- Most recent chart notes and if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

PROVIDER AUTHORIZATION

Provider's Signature: __________ Print Name: __________ Date: __________