# Aduhelm™ Indication Checklist

This document is intended to help practitioners determine appropriateness of Aduhelm therapy, document clinical decision making, and support medical necessity. **This guide is not intended to supersede guidance from the FDA, state/local licensing agencies, or other regulatory bodies.** For complete information, refer to [www.aduhelm.com](http://www.aduhelm.com).

## Criteria for Indications & Use

### 1. Diagnosis:
- □ G30.0 Alzheimer’s disease, early onset
- □ G30.1 Alzheimer’s disease, late onset
- □ G30.8 Other Alzheimer’s disease
- □ G31.84 Mild cognitive impairment, so stated

**AND**

- □ F02.80 Dementia without behavioral disturbance
- □ F02.81 Dementia with behavioral disturbance

*(G30.X codes require secondary F02.8X code)*

### 2. Confirmation of Beta-Amyloid (Aβ) Pathology:
- □ Beta-amyloid PET scan
  - **Date:** ______________________
  - **Result:** ______________________
- □ CSF analysis
  - **Date:** ______________________
  - **Result:** ______________________
  - *(t-tau, p-tau, or p-tau:Aβ ratio)*

### 3. Confirmation of Cognitive Impairment:
- □ General Practitioner Assessment of Cognition (GPCOG)
- □ Memory Impairment Screen (MIS)
- □ Mini-Cog™
- □ Other: ______________________

- **Assessment Performed:**
- **Assessment Date:** ______________________

- **Result/Notes:**

### 4. Monitoring for Amyloid Related Imaging Abnormalities (ARIA)
- □ Recent brain MRI obtained prior to initiating therapy
  - **Date:** ______________________
  - *(within one year)*

**Result:**
- □ localized superficial siderosis
  - **Date:** ______________________
  - **Result:** negative
  - □ positive; see notes below

- □ 10+ brain microhemorrhages
  - **Date:** ______________________
  - **Result:** negative
  - □ positive; see notes below

- □ brain hemorrhage >1 cm
  - **Date:** ______________________
  - **Result:** negative
  - □ positive; see notes below

**Notes:**