ADUCANUMAB-AVWA (ADUHELM™) INFUSION ORDERS

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
  □ Other: _____________________________ (ICD-10 code) (description)

Gender: □ M □ F
Height: □ CM □ IN
Weight: □ KG □ LB

Prescriber must indicate the following requirements have been met (please provide documentation):

① □ Beta-amyloid pathology confirmed via:
  □ Amyloid PET scan Date: ___________ OR □ CSF analysis Date: ___________ Result: ___________

② □ Cognitive assessment used: ___________________________ Date: ___________ Result: ___________

③ □ MRI obtained prior to initiating Aduhelm therapy (within one year) Date: ___________ Result: ___________

Pre-Infusion:
- ✔ Measure and record weight prior to each treatment to determine dose.
- ✔ Hold infusion and notify provider if patient reports:
  ▪ headache
  ▪ dizziness
  ▪ nausea
  ▪ vision changes
  ▪ new or worsening confusion

- ✔ Calculate aducanumab-avwa dose using patient’s actual weight and dose table below. Do not round dose.
- ✔ Dilute required volume of aducanumab-avwa in 100 ml 0.9% sodium chloride and infuse over at least 60 minutes using a sterile, low protein-binding 0.2- or 0.22-micron in-line filter.

<table>
<thead>
<tr>
<th>Treatment Number</th>
<th>Weight-based Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infusion 1 and Infusion 2</td>
<td>1 mg/kg</td>
</tr>
<tr>
<td>Infusion 3 and Infusion 4</td>
<td>3 mg/kg</td>
</tr>
<tr>
<td>Infusion 5 and Infusion 6</td>
<td>6 mg/kg</td>
</tr>
<tr>
<td>Infusion 7 and beyond</td>
<td>10 mg/kg</td>
</tr>
</tbody>
</table>

- ✔ If infusion-related reaction occurs, stop infusion and treat per orders/protocol as clinically indicated.
- ✔ Schedule treatments every 4 weeks (at least 21 days apart). Order valid for one year unless otherwise indicated:
  □ Order expires on ___________ □ Order expires after ________ treatments

Post-Infusion:
- ✔ Educate patient/caregiver to report headache, dizziness, nausea, vision changes, or new/worsening confusion.
- ✔ Fax treatment notes to provider at number below