Aduhelm™ Referral Checklist

☐ Confirm patient meets criteria for indications and use (see Indication Checklist).

☐ Complete patient/caregiver counseling and document in medical record:
  ☐ Provide FDA-approved patient labeling (Medication Guide) and review Patient Counseling Information (both can be found in Aduhelm Full Prescribing Information)
  ☐ Reinforce need to immediately report signs/symptoms which could be suggestive of ARIA
  ☐ Inform of plan to obtain repeat MRIs prior to 7th and 12th infusions

☐ Complete and sign Order Set

☐ Use the NICA Infusion Center Locator to find an appropriate and convenient infusion center

☐ Fax necessary documentation to selected infusion site:
  ☐ Patient demographics/contact information
  ☐ Durable Power of Attorney for Health Care (DPAHC), if applicable
    ▪ If patient has been determined to have impaired decision-making capacity and has appointed a proxy/health care agent, provide copy of documentation (e.g., DPAHC or advance directive) and legally authorized representative's contact information
  ☐ Insurance information (copy of front & back insurance card if possible)
  ☐ Completed, signed order set
  ☐ Chart summary (past medical history, current medications, drug allergies)
  ☐ Documentation supporting medical necessity as required by site of care (e.g., Indication Checklist or medical records).

☐ Provide patient with Preparing for Your Infusion handout
  ▪ Be sure to include the name and phone number of the infusion site where the referral was sent so the patient/caregiver can follow up if needed.