

Patient Name: _____

DOB: _____

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**

Criteria for Indications & Use										
<p>① Diagnosis:</p> <p><input type="checkbox"/> G30.0 Alzheimer’s disease, early onset</p> <p><input type="checkbox"/> G30.1 Alzheimer’s disease, late onset</p> <p><input type="checkbox"/> G30.8 Other Alzheimer’s disease</p> <p><input type="checkbox"/> G31.84 Mild cognitive impairment, so stated</p>	<p style="text-align: center;">AND</p> <p style="text-align: center; color: red; font-size: small;">← (G30.X codes require secondary F02.8X code) →</p> <p><input type="checkbox"/> F02.80 Dementia without behavioral disturbance</p> <p><input type="checkbox"/> F02.81 Dementia with behavioral disturbance</p>									
<p>② Confirmation of Beta-Amyloid (Aβ) Pathology:</p> <p><input type="checkbox"/> Beta-amyloid PET scan</p> <p>Date: _____</p> <p>Result: _____</p>	<p style="text-align: center;">OR</p> <p><input type="checkbox"/> CSF analysis</p> <p>Date: _____</p> <p>Result: _____ <small>(t-tau, p-tau, or p-tau:Aβ ratio)</small></p>									
<p>③ Confirmation of Cognitive Impairment:</p> <p>Assessment Performed: _____ Assessment Date: _____</p> <p><input type="checkbox"/> General Practitioner Assessment of Cognition (GPCOG)</p> <p><input type="checkbox"/> Memory Impairment Screen (MIS) <input type="checkbox"/> Mini-Cog™ <input type="checkbox"/> Other: _____</p> <p>Result/Notes: _____</p>										
<p>④ Monitoring for Amyloid Related Imaging Abnormalities (ARIA)</p> <p><input type="checkbox"/> Recent brain MRI obtained prior to initiating therapy Date: _____</p> <p>Result: _____ (within one year)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">localized superficial siderosis</td> <td style="width: 33%;"><input type="checkbox"/> negative</td> <td style="width: 33%;"><input type="checkbox"/> positive; see notes below</td> </tr> <tr> <td>10+ brain microhemorrhages</td> <td><input type="checkbox"/> negative</td> <td><input type="checkbox"/> positive; see notes below</td> </tr> <tr> <td>brain hemorrhage >1 cm</td> <td><input type="checkbox"/> negative</td> <td><input type="checkbox"/> positive; see notes below</td> </tr> </table> <p>Notes: _____</p>		localized superficial siderosis	<input type="checkbox"/> negative	<input type="checkbox"/> positive; see notes below	10+ brain microhemorrhages	<input type="checkbox"/> negative	<input type="checkbox"/> positive; see notes below	brain hemorrhage >1 cm	<input type="checkbox"/> negative	<input type="checkbox"/> positive; see notes below
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