

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.