Clearwater: Phone: 727.977.9717 I Fax: 727.977.9717
Tampa: Phone: 813.775.9997 I Fax: 813.775.9997
Email: intake@sageinfusion.com I Online: www.sageinfusion.com

ADUHELM (aducanumab-avwa) Infusion Orders

Patient Name: DOB: ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) :

☐ NKDA Allergies: Patient Weight (lbs/kg):

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable):

Ordering Provider:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

PRE-MEDICATION

- ☐ Acetaminophen1000mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Ceterizine 10mg PO
- ☐ Solu-Medrol 125mg IVP
- ☐ Solu-Cortef 100mg IVP
- ☐ Diphenhydramine 25mg IVP

ADUHELM ORDERS

☑ - IV Infusion every 4 weeks, administered over approximately one hour
- Dilute in 100 mL of 0.9% Sodium Chloride (remove equal volume from bag)
- Use 0.2 micron in-line filter

☑ ADUHELM Dosage:
- Infusion 1 and 2: **1 mg/kg**
- Infusion 3 and 4: **3 mg/kg**
- Infusion 5 and 6: **6 mg/kg**
- Infusion 7 and beyond: **10 mg/kg**

REQUIRED IMAGING

- ☑ Amyloid Beta confirmation documentation (required for insurance authorization)
- ☑ Recent (within one year) brain MRI prior to initiating treatment. Date of MRI _____ (please provide a copy of imaging)
- ☑ Brain MRI prior to the **5th** infusion (first dose of 6 mg/kg) Date of MRI _____ (Please provide copy of imaging)
- ☑ Brain MRI prior to the **7th** infusion (first dose of 10 mg/kg) Date of MRI _____ (Please provide copy of imaging)
- ☑ Brain MRI prior to the **9th** infusion (third dose of 10 mg/kg) Date of MRI _____ (Please provide copy of imaging)
- ☑ MRI prior to the **12th** infusion (sixth dose of 10 mg/kg). Date of MRI _____ (Please provide copy of imaging)

**Amyloid Related Imaging Abnormalities (ARIA): Enhanced clinical vigilance for ARIA is recommended during the first 8 doses of treatment with ADUHELM, particularly during titration. If a patient experiences symptoms which could be suggestive of ARIA, clinical evaluation should be performed, including MRI testing if indicated.*

Sage Infusion Standing Orders:

☑ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions

_____
Provider Name

_____ _____
Provider Signature Date

Obtain MRIs prior to the 7th and 12th infusions. If radiographic severe ARIA-H is observed, treatment may be continued with caution only after a clinical evaluation and a follow-up MRI demonstrates radiographic stabilization (i.e., no increase in size or number of ARIA-H).

Most common adverse reactions (at least 10% and higher incidence compared to placebo): ARIA-Edema, headache, ARIA-H microhemorrhage, ARIA-H superficial siderosis, and fall.