

ADUHELM (aducanumab-avwa) ORDER FORM

REFERRAL TYPE			
<input type="checkbox"/> New Referral	<input type="checkbox"/> Order Renewal	<input type="checkbox"/> Restart	<input type="checkbox"/> Frequency Change
<input type="checkbox"/> Dosage Change			
PREFERRED LOCATION			
<input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815	
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 161 Thomas Johnson Drive Suite 250 Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006	
		<input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150 Fairfax, VA 22031	
PATIENT INFORMATION			
Name:		DOB:	Email:
Address:		Weight: KG LBS	Phone:
REFERRING PHYSICIAN INFORMATION			
Name:		NPI:	
Office Contact Name:		Phone:	Fax:
Address:			
ADUHELM IV ORDER			
WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE AND FREQUENCY			
Dosing/Frequency: Titration is required and administered as an intravenous infusion for one hour q4wks			
<input type="checkbox"/> Infusion 1 & 2 (1mg/kg)	<input type="checkbox"/> Infusion 3 & 4 (3mg/kg)	<input type="checkbox"/> Infusion 5 and 6 (6mg/kg)	<input type="checkbox"/> Infusion 7 & beyond (10mg/kg)
Diagnosis:			
<input type="checkbox"/> G30.0—Alzheimer's disease with early onset		<input type="checkbox"/> G30.8—Other Alzheimer's disease	
<input type="checkbox"/> G30.1 — Alzheimer's disease with late onset		<input type="checkbox"/> G31.84—Mild Cognitive Impairment, so stated	
<input type="checkbox"/> Other Diagnosis:		ICD-10 Code (Required):	
Special Instructions:			
Physicians Signature:		Date: <i>(Order is Valid for One Year)</i>	
REQUIRED DOCUMENTATION			
Please fax the following documents and records:			
<ul style="list-style-type: none"> ● Patient Demographics ● Copy of the patient's insurance card(s) – front and back ● Medication History ● Two most recent office notes (Supporting the DX and treatment ordered) ● Most recent labs that include values for: <ul style="list-style-type: none"> ● CMP, CBC ● Recent MRI report prior to initiating treatment (within one year) 	<ul style="list-style-type: none"> ● For continuation of treatment, include the last infusion note ● MRI report after the 6th infusion or prior to the 7th infusion (first dose of 10mg/kg) and 12th infusion. ● Copy of Beta-amyloid PET Scan result or CSF Analysis (Cerebrospinal fluid analysis) 		
** localized superficial siderosis	<input type="checkbox"/> negative	<input type="checkbox"/> positive	
** 10+ brain microhemorrhages	<input type="checkbox"/> negative	<input type="checkbox"/> positive	
** brain hemorrhage >1cm	<input type="checkbox"/> negative	<input type="checkbox"/> positive	
We will contact the patient and schedule their treatment once our benefit investigation			