



ADUHELM® (aducanumab-avwa)
Referral Form

RETURN COMPLETED FORM VIA FAX TO:
888.898.9113

PATIENT INFORMATION (Complete or fax existing chart)
PRESCRIBER INFORMATION
Patient Name:
Address:
City, State, Zip:
Phone:
Alt.Phone:
DOB:
Gender: M F
Last 4 SSN:
WT:
HT:
Allergies:
Prescriber Name:
State License:
NPI #:
DEA:
Phone:
Address:
Fax:
City, State, Zip:
Contact Person:
Phone:

INSURANCE INFORMATION - INSTEAD - just send us a copy of the patient's prescription / insurance cards (front & back)

Primary Insurance:
RX Card (PBM):
City, State, Zip:
BIN:
PCN:
Plan #:
City, State, Zip:
Group #:
Group #:
Phone:
Phone:

DIAGNOSIS/CLINICAL INFORMATION

DIAGNOSIS:
ICD-10 CODE:

PATIENT WEIGHT:
LBS

ALLERGIES:

- Clinical/Progress Notes, Labs and Tests supporting primary diagnosis attached
MRI within 1 year attached
Confirmed presence of amyloid pathology (CSF or PET scan) attached

LAB ORDERS:

ADUHELM® Infusion Orders

Administer Aduhelm IV every 4 weeks as follows (SELECT ONE):
Initial start w/maintenance dosing:
1mg/kg for infusion 1 and 2
3mg/kg for infusion 3 and 4
6mg/kg for infusion 5 and 6
10mg/kg for infusion 7 and beyond
Maintenance dosing only:
10mg/kg

SIGNATURE

X \_\_\_\_\_ DATE: \_\_\_\_\_
Prescribing Physician Signature

To ensure payment by insurance carrier, please include supporting clinical documentation for specified ICD 10 Code, demographic and insurance information along with faxed order. Initial appointment will be verified upon insurance approval.

Important Information: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the material. In no event should such material be read by anyone other than the named addressee, except by express authority of the sender to the named addressee.