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Gastroenterology

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ADUHELM (aducanumab-avwa)

Name: _____ DOB: _____ M F Patient

Weight
_____ lbs

Phone #1 : _____ (H/W/C) Phone #2: _____ (H/W/C) _____ kg

Allergies: _____

PRE-MEDICATION ORDERS

- Tylenol 500-1000mg PO PRN
- Solu-Cortef _____ mg SIVP
- Benadryl 25mg PO PRN

Diagnosis (ICD-10):

- G30.0 Alzheimer's Disease with Early Onset **OR**
- G30.1 Alzheimer's Disease with Late Onset **OR**
- G30.8 Other Alzheimer's Disease
 - + Either F02.80 Dementia without Behavioral Disturbance **OR**
 - F02.81 Dementia with Behavioral Disturbance
- G31.84 Mild Cognitive Impairment, so Stated
- Other: Code: _____ Description: _____

ADUHELM ORDER:

- Infusion 1: 1mg/kg
- Infusion 2: 1mg/kg 4 weeks after Infusion 1
- Infusion 3: 3mg/kg 4 weeks after Infusion 2
- Infusion 4: 3mg/kg 4 weeks after Infusion 3
- Infusion 5: 6mg/kg 4 weeks after Infusion 4
- Infusion 6: 6mg/kg 4 weeks after Infusion 5
- Maintenance Dose: 10mg/kg every 4 weeks after Infusion 6

MRI must be obtained prior to infusion 7 and infusion 12.

NOTES:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

Please FAX: Medication Order Demographics Clinicals Labs X-Rays
to 1-806-302-1241 (must dial "1")