

## KISUNLA (donanemab-azbt) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ M ☐ F

☐ NKDA Allergies: \_\_\_\_\_

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

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

### Diagnosis *(please provide ICD-10 code):*

☐ \_\_\_\_\_ Alzheimer's Disease

☒ Z00.6 Required CMS Code

### Pre-Medication:

- ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP  
☐ Cetirizine 10mg PO ☐ Solu-Cortef 100mg IVP  
☐ Diphenhydramine 25mg PO ☐ Diphenhydramine 25mg IVP  
☐ Other: \_\_\_\_\_

### Required Documents:

- ☒ Patient Demographic Sheet  
☒ Clinical/Progress notes supporting primary diagnosis *(please attach)*  
☒ Brain MRI & Date *(must be w/in 1 year)*  
☒ MoCA Score *(or another cognitive test)*  
☒ FAQ Score *(or another functional test)*  
☒ APOe4 results  
☒ Patient enrolled in *CMS National Patient Registry* and ID# provided.

### KISUNLA ORDERS:

**Dosing & Frequency:** ☒ Mix in 0.9% sodium chloride, administer IV over 30 minutes, with at least 30-minute post-infusion observation period

☐ 700mg every 4 weeks for infusions 1, 2, and 3

☐ 1400mg every 4 weeks for infusion 4 and beyond

**Refills:** \_\_\_\_\_ *(if not indicated, Rx will expire one year from date signed)*

**Monitoring:** ☒ Ensure brain MRI obtained prior to 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, and 7<sup>th</sup> infusions due to risk of ARIA.

### Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. *\*Copy can be provided per request.*

Ordering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_