

# KISUNLA® (donanemab-azbt)

## Patient Information

Full Name: \_\_\_\_\_ Weight: \_\_\_\_\_  lbs  kg Height: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Allergies:  NKDA \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Patient Status:  New to therapy  Continuing therapy Last Treatment Date: \_\_\_\_\_ Next Treatment Date: \_\_\_\_\_

## Required Documentation

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Patient Demographics and Insurance Card | <input type="checkbox"/> Medication List    | <input type="checkbox"/> Functional & Cognitive Assessment Score                  |
| <input type="checkbox"/> Clinical/Progress Notes Supporting Dx   | <input type="checkbox"/> Baseline Brain MRI | <input type="checkbox"/> Confirmed presence of amyloid pathology-PET scan OR +CSF |
| <input type="checkbox"/> Medicare Registry # _____               | <input type="checkbox"/> Recent Lab Results |   |


## Primary Diagnosis

-  ICD-10 Code (required): \_\_\_\_\_
- |   |   |
|---|---|
| <input type="checkbox"/> Alzheimer's Disease with Early Onset | <input type="checkbox"/> MCI of uncertain or unknown etiology |
| <input type="checkbox"/> Alzheimer's Disease with Late Onset  | <input type="checkbox"/> Alzheimers Disease, unspecified      |
| <input type="checkbox"/> Other Alzheimers Disease             | <input type="checkbox"/> Other: _____                         |

## Pre-Medication

- |   |   |
|---|---|
| <input type="checkbox"/> Per violet health protocol: No recommended standard pre-medications for Donanemab-azbt | <input type="checkbox"/> Acetaminophen (Tylenol) PO <input type="checkbox"/> 500mg <input type="checkbox"/> 650mg <input type="checkbox"/> 1000mg                       |
|   | <input type="checkbox"/> Diphenhydramine (Benadryl) <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> PO <input type="checkbox"/> IV |
|   | <input type="checkbox"/> Methylprednisolone (Solu-Medrol) IV <input type="checkbox"/> 40mg <input type="checkbox"/> 125mg   |
|   | <input type="checkbox"/> Cetirizine (Zyrtec) 10 mg PO   |
- Other: \_\_\_\_\_

## Therapy Administration

- |   |   |
|---|---|
| <input type="checkbox"/> Induction: Kisunla 700mg IV every 4 weeks for 3 doses, then 1400mg IV every 4 weeks thereafter | <input type="checkbox"/> RN to flush and lock VAD/CVAD per violet health protocol (see violetinfusions.com/protocol for policy)                         |
| <input type="checkbox"/> Maintenance: Kisunla 1400mg IV every 4 weeks   | <input type="checkbox"/> Administer acute infusion and anaphylaxis medications per violet health protocol (see violetinfusions.com/protocol for policy) |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> RN to manage VAD per company protocol and administer ordered therapy per manufacturer guidelines.                              |
- Refills:**
- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> x 1 year | <input type="checkbox"/> Other: _____ |
|-----------------------------------|---------------------------------------|
-  Order valid for one year unless otherwise stated
- Other: Please fax alternative reaction orders, flush orders, or nursing administration orders if checking this box

## Lab Orders

- |   |   |
|---|---|
| <input type="checkbox"/> CBC <input type="checkbox"/> at each dose <input type="checkbox"/> every _____ | <input type="checkbox"/> CRP <input type="checkbox"/> at each dose <input type="checkbox"/> every _____ |
| <input type="checkbox"/> CMP <input type="checkbox"/> at each dose <input type="checkbox"/> every _____ | <input type="checkbox"/> Other: _____   |

## Provider Information

Provider Name: \_\_\_\_\_ Office Contact Person: \_\_\_\_\_  
 Referring Practice Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Referring Practice Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_