

KISUNLA (donanemab-azbt) ORDER FORM

PATIENT NAME: _____ DOB: _____ WT: _____ HT: _____

ALLERGIES: _____

DIAGNOSIS

HAS THE PATIENT PREVIOUSLY RECEIVED: KISUNLA (donanemab-azbt) NO YES - LAST DOSE DATE: _____

DIAGNOSIS: _____ ICD 10 CODE(S): _____

MEDICATION ORDERS

DOSE/FREQUENCY: _____ Maintenance orders are valid for 1 year. For a shorter duration, indicate here: _____

Initial: 350 mg IV at week 0, 700 mg IV at week 4, 1050 mg IV at week 8, then 1400 mg IV every 4 weeks starting with week 12 and thereafter.

Maintenance: 1400 mg IV every 4 weeks

Other: _____

MRI MUST be obtained AND interpreted baseline & prior to 2nd, 3rd, 4th, & 7th infusion of Kisunla to monitor for ARIA. Infusion Solutions will NOT infuse these doses until MRI results interpreted as ARIA negative are obtained.

If the prescriber wishes to proceed with a Kisunla infusion prior to obtaining an MRI or after obtaining an MRI positive for ARIA, they must send an order indicating such approval.

STANDARD ORDERS

ANCILLARY ORDERS:

- Infusion Reaction Management per Infusion Solutions Protocol.
- Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.
- Flush with 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2 ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).

NURSING ORDERS:

- If no central IV access, RN to insert peripheral IV.
- Obtain weight before each dose.
- Monitor vital signs (temp, HR, RR, BP) before therapy, and every 15-30 minutes or with each rate change.
- If an infusion reaction occurs, decrease rate AND monitor vital signs until symptoms subside. If the reaction persists or worsens, stop the infusion, initiate reaction protocol, and notify provider.
- Observe patient for at least 30 minutes after completion of infusion.

LABS

LAB ORDERS:

LAB FREQUENCY:

REQUIRED DOCUMENTATION

REQUIRED CLINICAL DOCUMENTS:

- ApoE ε4 test results
- Documentation indicating amyloid beta pathology
- Baseline MRI with interpretation performed within the past year

RECOMMENDED CLINICAL DOCUMENTS (provide if available):

- Documentation of any hypersensitivity to polysorbate 80

SUPPORTING DOCUMENTS:

- Patient demographic and insurance information.
- Copy of front and back of insurance card if available.
- Patient's medication list.
- Supporting clinical notes, including past tried and/or failed therapies.

PROVIDER INFORMATION

 PRESCRIBER SIGNATURE (substitution)

 PRESCRIBER SIGNATURE (dispense as written)

 PRINT NAME (FIRST AND LAST)

 DATE