

Kisunla (Donanemab-azbt) Infusion Order

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code): _____

☐ Other: _____

☐ NKDA ☐ Allergies: _____

☐ New Therapy Order ☐ Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- ☐ Acetaminophen _____mg by ☐ PO
- ☐ Cetirizine _____mg by ☐ PO
- ☐ Diphenhydramine _____mg by ☐ PO/ ☐ IVP
- ☐ Solu-Medrol _____mg by ☐ PO/ ☐ IVP
- ☐ Solu-Cortef _____mg by ☐ PO/ ☐ IVP
- ☐ Other: _____

Patient Height and Weight:

Patient Height (cm): _____

Patient Weight (kg): _____

Required Documentation:

- ☐ Patient Medicare Registry # _____
- ☐ Copy of Patient Medicare Registry Confirmation Email
- Must include the registration date, and the doctor's signature
- ☐ Patient Demographics
- ☐ Patient Insurance (med and pharm card copies, front and back)
- ☐ Progress Notes/Labs supporting diagnosis
- ☐ Clinical notes with amyloid beta confirmation
- ☐ MRI prior to the start of 1st infusion
- ☐ Amyloid-presence verified with either a PET Scan or CSF analysis
- ☐ MMSE Test Results
- ☐ Lilly Patient Copay Assistance Application as needed
- ☐ Other: _____

Kisunla Medication Order (Please select ONE):

- ☐ 350mg IV every 4 weeks for treatment 1. **Please be advised that an MRI is required prior to 1st infusion**
- ☐ 700mg IV every 4 weeks for treatment 2. **Please be advised that an MRI is required prior to 2nd infusion**
- ☐ 1050mg IV every 4 weeks for treatments 3. **Please be advised that an MRI is required prior to 3rd infusion**
- ☐ 1400mg IV every 4 weeks for treatments 4 and thereafter. **Please be advised that an MRI is required prior to 4th and 7th infusion**
- ☐ 1400mg IV every 4 weeks for treatments _____

Additional Instructions/Notes:

Ordering Provider:

Signature: _____

Provider: _____

Best Contact Person in Office: _____

Date: _____

Phone: _____ Fax: _____

Phone: _____

Locations:

- ☐ Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- ☐ Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- ☐ Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400