

PRESCRIPTION ORDER FORM

KISUNLA
(donanemab-azbt)



215 Pleasant Street, 5th Floor, Fall River, MA 02721
Phone: (508) 567-5666 | Fax: (508) 567-5614

PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
- H&P
- Patient Demographics
- Most Recent Labs
- Medication List
- Tried/Failed Therapies

PRIMARY DIAGNOSIS

- G30.0 Alzheimer's disease with early onset
- G30.1 Alzheimer's disease with late onset
- G30.8 Other Alzheimer's disease
- G30.9 Alzheimer's disease, unspecified
- G31.84 Mild cognitive impairment, so stated

LAB ORDERS: PLEASE INCLUDE FREQUENCY

- Please list any labs to be drawn: _____

PRE-MEDICATIONS

- *Per infusion clinic protocol, there are no recommended standard pre-meds for Kisunla
- Provider Prescribed: _____

PRIMARY MEDICATION ORDER

*Referring provider is responsible for obtaining an MRI prior to the 2nd, 3rd, 4th, and 7th infusions

- Kisunla 700mg IV at week 0, 4, and 8, followed by 1400mg IV every 4 weeks thereafter
- Other: _____
First Dose: Refill X12 months unless otherwise noted. Noted: _____

LINE USE/CARE ORDERS

- Start PIV/ACCESS CVC Flush device per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
- Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

- Administer acute infusion and anaphylaxis medications per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
- Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

Provider Signature _____

Date _____



Vyepti 100mg IV every 3 months

Vyepti 300mg IV every 3 months

Other: _____