

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: _____

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: _____

Patient Height and Weight:

Patient Height (cm): _____

Patient Weight (kg): _____

Kisunla Medication Order (Please select ONE):

- 700mg IV every 4 weeks for treatments 1-3. **Please be advised that an MRI is required prior to 1st, 2nd and 3rd infusion**
- 1400mg IV every 4 weeks for treatments 4-6. **Please be advised that an MRI is required prior to the 4th infusion**
- 1400mg IV every 4 weeks for treatments 7-12. **Please be advised that an MRI is required prior to the 7th infusion**
- 1400mg IV every 4 weeks for treatments 13-18.
- 1400mg IV every 4 weeks for treatments _____

Additional Instructions/Notes:

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

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