INFUSACARE
www.infusacare.com

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 treatment 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 infusions**

□ 1400mg IV every 4 weeks for treatments _____

Additional Instructions/Notes:

Patient IV Access

□ PIV
□ Use patient's SL/DL PICC, flush per protocol
□ Access/deaccess patient's Port, flush per protocol
*Imaging results of proper placement required for PICC/Port

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
□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400