Kisunla

Provider Order Form

PATIENT INFORMATION

Patient Name: DOB:

Patient Home Phone: Patient Cell Phone: Patient Email:

Address: City: State: Zip Code:

Emergency/Alternate Contact Name: Emergency/Alternate Contact Phone:

☐ NKDA ☐ Allergies: Weight lbs/kg: Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy ☐ Therapy Change Last infusion date (if applicable):

REQUIRED DOCUMENTATION

☐ Labs (PET scan/CSF analysis, MRI within 1 year of initiating treatment AND prior to the 2nd, 3rd, 4th and 7th infusions)

☐ Insurance Card (front and back) ☐ Current Medications ☐ History/Progress Notes

☐ Patient's Registry Trial Number: _____

Click link to access registry: qualitynet.cms.gov/alzheimers-ced-registry/submission

ICD-10 CODE

Z00.6 Encounter for examination for normal comparison and control in clinical research program

☐ 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 Other: _____

PRE-MEDICATION ORDER

Acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg PO **Diphenhydramine** (Benadryl) ☐ 25mg ☐ 50mg ☐ PO ☐ IV

Cetirizine (Zyrtec) ☐ 10mg PO **Methylprednisolone** (Solu-Medrol) ☐ 40mg IV ☐ 125mg IV

Loratadine (Claritin) ☐ 10mg PO **Hydrocortisone** (Solu-Cortef) ☐ 100mg IV

Other: _____ Dose: _____ Route: _____ Frequency: _____

MEDICATION ORDER

Kisunla (donanemab-azbt)

Dose and frequency:

350mg IV for infusion 700mg IV for infusion 1050mg IV for infusion then 1400mg IV for infusion 4 and beyond every 4 weeks

☐ 1400mg IV every 4 weeks

PROVIDER INFORMATION

Provider Name: Provider Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip:

SPECIAL INSTRUCTIONS

Provider Name **Provider Signature** **Date** ☐ **Check here if this is a stat order**

Order is valid for 1 year from date of signature and refills will be provided to cover the duration of treatment unless otherwise indicated.

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