Donanemab-azbt (Kisunla)

Provider Order Form rev. 07/25/2025

Patient Name: Patient Address: Patient Email: Allergies: NKDA Weight (libs/kg): Height (in/cm): Sex: ☐ M / ☐ F Date of Last Infusion: Next Due Date: Preferred Location: DIAGNOSIS (Please provide ICD-10 code in space provided) Alzheimer's Disease: Other: Description: REQUIRED INFORMATION FOR MEDICARE ☐ 200.6: Encounter for examination for normal comparison and control in clinical research program Medicare Trial Registry Number: ☐ THERAPY ADMINISTRATION & DOSING ☐ Administer Kisunla140 voer 30 minutes every 4 weeks: first dose and beyond 1400mg IV. Administer Kisunla 1400mg IV over 30 minutes every 4 weeks. ☐ Flush the IV line with normal saline to make sure all medication is infused. ☐ Monitor patient for at least 30mins after each infusion ADDITIONAL ORDERS PRE-MEDICATION ORDERS ☐ Tylenol ☐ 500mg / ☐ 650mg PO ☐ Loratadine 10mg PO ☐ PPO ☐ IVP ☐ Benadry ☐ 25mg / ☐ 50mg ☐ PPO / ☐ IVP ☐ Benadry ☐ 25mg / ☐ 50mg ☐ PPO / ☐ IVP ☐ Benadry ☐ 25mg / ☐ 50mg ☐ PPO / ☐ IVP ☐ Benadry ☐ 25mg / ☐ 50mg ☐ PPO / ☐ IVP ☐ Benadry ☐ 25mg / ☐ 50mg ☐ PPO / ☐ IVP ☐ Solumedrool ☐ 40mg / ☐ 125mg IVP ☐ Other: WURSING ☐ Hold infusion and notify provider for: • MRI not performed or read by radiologist. Baseline MR within 1 year and repeat MRIs prior to 2°™, 3°°, 4°° and 7 infusion. • Signs of Amyloid Related Imaging Abnormalities (ARIA) a reported on MRI results. • New neurological symptoms including headaches or altered mental status. ☐ Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation. ☐ To report suspected adverse reactions, contact FDA at 1-800-FDA-1088 or www.fda.gov/medwatch	PATIENT INFORMATION	Referral Sta	tus: □ New R	eferral 🔲 Updated (Order 🗆 Order Renewal	
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Sex: M / F Date of Last Infusion: Next Due Date: Preferred Location:	Allergies:		□ NKDA	Weight (lbs/kg):	Height (in/cm):	
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