ISLAND INFUSION CENTER

1015 25th Street Building, Upper Level
Anacortes, WA 98221

Phone: 360.299.4200
Fax: 360.299.4237

PROVIDER ORDER FORM

Donanemab-azbt (Kisunla) Infusions

- Please complete form and fax with latest clinical documentation to 360.299.4237
- Documentation must include a recent MRI of the brain and confirmation of amyloid beta pathology.
- Testing for ApoE ε4 status should be included for ARIA risk assessment.

Patient Name (First, Middle, Last): _____ D.O.B. _____

Height: _____ ☐ cm ☐ in Weight:_____ ☐ kg ☐ lbs Allergies: _____

Diagnosis: _____ ICD-10 Code: _____

Pre-auth Done? ☐ Not required ☐ Yes Authorization #: _____ Authorization Dates: _____

Medication Orders:

Donanemab-azbt (Kisunla): refill as directed for one year

- ☐ Initial Dose: Infuse 700 mg IV over 30 minutes every 4 weeks for 3 infusions
- ☐ Maintenance Dose: Infuse 1400 mg IV over 30 minutes every 4 weeks
- ■ Prior to the 2nd, 3rd, 4th and 7th infusions, an MRI report and prescriber's written approval to proceed; Must be provided and entered in the patient chart at Island Infusion Center.

☐ Other

_____

_____

■ In Case of Infusion Reaction, Orders will be carried out per Island Infusion Center Policy unless crossed out.

- Stop infusion, obtain VS and assessment, call Provider*
- NS 0.9% 1000 mL/hour IV for blood pressure < 100/60.
- O2 per nasal cannula to maintain saturation >92%.
- Diphenhydramine 25 mg IV x1 if patient was premedicated with 25 mg within 2 hours of reaction, otherwise give 50 mg IV x1.
- Methylprednisolone 125 mg IV x1.
- Epinephrine 0.3 mg IM for severe reaction x1. (May repeat x1 in 3-5 minutes for continued severe symptoms.)

■ Nursing Protocol

- Confirm baseline MRI prior to first treatment
- Verify ApoE ε4 status. Homozygotes are at higher risk of severe ARIA.
- Confirm MRI results and prescriber approval to continue at 2nd, 3rd, 4th and 7th treatment
- Monitor for infusion and hypersensitivity reactions during infusion and for at least 30 minutes post infusion
- Hold infusion/notify provider for headache, dizziness, nausea, vision changes, confusion, gait difficulty, stroke symptoms, seizures.
- Educate patient and caregiver to report the above symptoms, that these symptoms mimic those of ischemic stroke, and to inform all medical providers that she is receiving Kisunla infusions.
- Patient will be instructed to consult with her prescriber before starting any new medications with bleeding risk.

PROVIDER SIGNATURE	DATE
PRINT PROVIDER NAME	*PROVIDER EMERGENCY PHONE #

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