# Kisunla™

Provider Order Form Rev. 07/2024

Please fax completed referral form & all required documents to (833) 786-0025

HEALIX INFUSION CARE

## PATIENT DEMOGRAPHICS

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City/ST/Zip: _____

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

**Patient Status:** ☐ New to Therapy ☐ Dose or Frequency Change ☐ Order Renewal

**INSURANCE INFORMATION:** ***Please attach copy of insurance card (front and back).***

## DIAGNOSIS*

***ICD 10 Code Required***

**Mild Alzheimer's Disease Dementia**

☐ Alzheimer's disease with early onset, G30.0
☐ Alzheimer's disease with late onset, G30.1
☐ Other Alzheimer's disease, G30.8
☐ Alzheimer's disease, unspecified, G30.9

**Mild Cognitive Impairment due to Alzheimer's Disease**

☐ Mild cognitive impairment, G31.84

*Secondary diagnosis* ☐ For Medicare: must include ICD10 Z00.6

## INFUSION ORDERS

| MEDICATION | DOSE | DIRECTIONS/DURATION |
|---|---|---|
| Kisunla™ (donanemab-azbt) | **INITIAL:** 700 mg<br>**MAINTENANCE:** 1400 mg | ☐ **INITIAL:** Infuse 700mg IV over 30 minutes every 4 weeks x 3 doses<br>☐ **MAINTENANCE:** Infuse 1400mg IV over 30 minutes every 4 weeks x 1 year<br>*Observe patient for 30 minutes after completion of infusion. |

**Is patient currently receiving therapy above from another facility?**

☐ Yes ☐ No

If yes, Facility Name: _____

Date of last treatment: _____ Date of next treatment: _____

### PRE-MEDICATION ORDERS

☐ No premeds ordered at this time
☐ Acetaminophen 650mg PO ☐ Diphenhydramine 25mg PO
☐ Methylprednisolone 40mg IVP -OR- ☐ Hydrocortisone 100mg IVP
☐ Other: _____

### LAB ORDERS

**Labs to be drawn by:** ☐ Infusion Center ☐ Referring Physician

☐ No labs ordered at this time
☐ CBC w/diff and Platelets q _____ ☐ CMP q _____
☐ Other: _____

## REFERRING PHYSICIAN INFORMATION

Physician Signature: _____ Date: _____

Physician Name: _____ NPI: _____ TIN: _____ Specialty: _____

Address: _____ City/ST/Zip: _____

Contact Person: _____ Phone #: _____ Fax #: _____

Email Where Follow Up Documentation Should Be Sent: _____

## REQUIRED CLINICAL DOCUMENTATION

**Please attach medical records: Initial H&P, current MD progress notes, medication list, and labs/test results to support diagnosis.**

**Clinical Information, select all that apply:**

☐ The patient has been diagnosed with Alzheimer's disease. Date of clinical diagnosis (required): _____

☐ The patient has documented mild cognitive impairment or mild dementia stage of Alzheimer's disease.

***Please indicate method(s) for assessment and attach copy:***

☐ Montreal Cognitive Assessment (MoCA)
☐ Mini-Mental State Exam (MMSE)
☐ Alzheimer's Disease Assessment Scale (ADAS-Cog14)
☐ St. Louis University Mental Status Exam (SLUMS)
☐ Other: _____

☐ The patient's functional abilities have been assessed.

***Please indicate method(s) for assessment and attach copy:***

☐ Functional Activities Questionnaire (FAQ)
☐ Functional Assessment Staging Tool (FAST)
☐ Alzheimer's Disease Cooperative Study – Activities of Daily Living Inventory Scale (ADCS-ADL-MCI)
☐ Other: _____

☐ A Clinical Dementia Rating-Global Score (CDR-GS) was completed. ***Please attach copy of assessment form.***

☐ The patient has a positive biomarker for beta amyloid plaques.

☐ Amyloid positron emission tomography (PET) scan
☐ Cerebrospinal fluid (CSF) testing
☐ Other: _____

☐ The patient has a recent (within one year) brain MRI scan. Date of MRI: _____

***Referring provider is responsible for scheduling and obtaining an MRI prior to the 2nd, 3rd, 4th, and 7th infusions.***

☐ A genotype testing for ApoE ε4 status was completed. ***Please attach copy of test result.***

☐ The patient will not be receiving anticoagulation therapy or antiplatelets while on Kisunla™.
If currently on anticoagulants or antiplatelets, please specify drug and dose: _____

### LAB AND TEST RESULTS (required)

☐ Amyloid PET scan ☐ CSF biomarker results ☐ MRI brain scan ☐ ApoE ε4 status results ☐ Other: _____

☐ For Medicare patients: confirmation of Alzheimer's CED Registry submission; Registry #_____