

Kisunla (donanemab) Order Form – J0175

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____

Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

- **Prior to initiation of therapy:**
 - Documentation of brain MRI (within one year) is **required**.
 - Apolipoprotein E ε4 (ApoE ε4) status testing
- Brain MRIs are also **required** prior to doses 2, 3, 4, and 7.

Kisunla Dosing:

Initial dosage

700 mg IV every 4 weeks for 3 doses

Maintenance dosage

1,400 mg IV every 4 weeks until amyloid plaques are reduced to minimal levels on amyloid PET imaging.

Orders valid through ____ / ____ / ____

Kisunla administration:

- Administer over 30 minutes and flush line with NS after infusion is complete. Observe for infusion and hypersensitivity reactions during infusion and for at least 30 minutes post infusion.

***In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: _____

Provider Signature: _____ Date: _____

Phone: _____ Fax: _____ Pager: _____