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KISUNLA™ (donanemab-azbt) ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M ☐ F ☐
Allergies:	Date of Referral:	

PHYSICIAN INFORMATION

Physician Name*:	Practice Name:
Address:	Office Contact*:
Phone: Fax:	Email (for updates):

REFERRAL STATUS

☐New Referral ☐Referral Renewal ☐Medication/Order Change ☐Benefits Verification Only ☐Discontinuation Order

Kisunla:

Kisunla is indicated for the treatment of Alzheimer's disease (AD). Treatment with Kisunla should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in the clinical trials.

DOSAGE AND ADMINISTRATION:

• Confirm the presence of amyloid beta pathology prior to initiating treatment.

Intravenous Infusion (every 4 weeks)	KISUNLA Dosage (administered over approximately 30 minutes)
Infusions 1, 2, and 3	700 mg
Infusion 4 and beyond	1400 mg

• The recommended dosage of KISUNLA is 700 mg administered as an intravenous infusion over approximately 30 minutes every four weeks for the first three doses, followed by 1400 mg every four weeks.

• Consider stopping dosing with KISUNLA based on reduction of amyloid plaques to minimal levels on amyloid PET imaging.

• Obtain a recent baseline brain MRI prior to initiating treatment.

• Obtain an MRI prior to the 2nd, 3rd, 4th, and 7th infusions. If radiographically observed ARIA occurs, treatment recommendations are based on type, severity, and presence of symptoms.

• Dilution to a final concentration of 4 mg/mL to 10 mg/mL with 0.9% Sodium Chloride Injection, is required prior to administration.

DOSAGE FORMS AND STRENGTHS:

Injection: 350 mg/20 mL (17.5 mg/mL) in a single-dose vial

Dosing Recommendations for Patients With ARIA-E

Clinical Symptom Severitya	ARIA-E Severity on MRI		
	Mild	Moderate	Severe
Asymptomatic	May continue dosing at current dose and schedule	Suspend dosing[b]	Suspend dosing[b]
Mild	May continue dosing based on clinical judgment	Suspend dosing[b]	
Moderate or Severe	Suspend dosing[b]		

Dosing Recommendations for Patients With ARIA-H

Clinical Symptom Severitya	ARIA-E Severity on MRI		
	Mild	Moderate	Severe
Asymptomatic	May continue dosing at current dose and schedule	Suspend dosing[a]	Suspend dosing[b]
Symptomatic	Suspend dosing[a]	Suspend dosing[a]	

WARNING: AMYLOID-RELATED IMAGING ABNORMALITIES

Monoclonal antibodies directed against aggregated forms of beta amyloid, including Kisunla, can cause amyloid-related imaging abnormalities (ARIA), characterized as ARIA with edema (ARIA-E) and ARIA with hemosiderin deposition (ARIA-H). ARIA can be serious and life-threatening events can occur. Serious intracerebral hemorrhages >1 cm, some fatal, have been observed with this class of medications. Because ARIA-E can cause focal neurologic deficits that can mimic an ischemic stroke, treating clinicians should consider whether such symptoms could be due to ARIA-E before giving thrombolytic therapy.

Apolipoprotein E ε4 (ApoE ε4) Homozygotes: Patients treated with this class of medications, including Kisunla, who are ApoE ε4 homozygotes have a higher incidence of ARIA, including symptomatic and serious ARIA, compared to heterozygotes and noncarriers. Testing for ApoE ε4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA.
Consider the benefit for the treatment of Alzheimer's disease and risk of ARIA when deciding to treat with Kisunla.

Diagnosis Code: _____

Order/dosage: _____

Signature: _____

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____