Donanemab-azbt (Kisunla) *1st Infusion Only*

Provider Order Form *rev. 10/28/25*

IVX HEALTH

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required):   ICD-10 description:

☐ NKDA   Allergies: Weight (lbs/kg):   Height:

Patient Status: ☐ New to Therapy   Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

REFERRING PROVIDER

☐ I have reviewed the prescribing information and medication guide for Kisunla (donanemab-azbt)

☐ I acknowledge IVX Health clinicians will provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation **NOTE:** IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)

☐ Provide supporting clinical documentation including:
- Positive amyloid beta pathology testing (Amyloid Beta PET Scan or biomarker testing)
- Clinical documentation including a neurologic evaluation supporting accurate diagnosis and eligibility of mild cognitive impairment or mild dementia. Ex: Mini Mental Status Exam (MMSE)
- ARIA MRI Classification Criteria: If ≥ 5 new incident microhemorrhages or > 2 new focal areas of superficial siderosis (indicating moderate radiographic severity for ARIA-H) are observed, treatment will not be initiated until MRI demonstrates radiographic stabilization and symptoms, if present, resolve. If any of the following are noted: FLAIR hyperintensity >5 cm in a single greatest dimension, more than 1 site of involvement, gyral swelling or sulcal effacement (indicating moderate radiographic severity for ARIA-E), treatment must be suspended until MRI demonstrates radiographic resolution and symptoms, if present, resolve

☐ **I, the prescribing provider, am responsible for ordering and reviewing all MRIs of the brain for this patient. By checking this box, I acknowledge that I have obtained and reviewed a baseline (within 1 year) MRI and communicated the results to the patient or his/her legal guardian. IVX Health is safe to proceed with the patient's donanemab-azbt (Kisunla) infusion**

PRE-MEDICATION ORDERS (OPTIONAL AND NOT REQUIRED BY MANUFACTURER)

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ Other: _____
  Dose: _____ Route: _____
  Frequency: _____

REQUIRED DOCUMENTATION

Referring providers must register patients with Medicare and Medicare Advantage in the CMS registry and provide proof of registration prior: https://qualitynet.cms.gov/alzheimers-ced-registry/submission
Attach proof of CMS Registry Confirmation or provide below:
Issue Number: ALZH-_____
Date of Submission: _____

THERAPY ADMINISTRATION

Kisunla (donanemab-azbt) will be prepared and infused according to the prescribing information provided by the manufacturer. ***NOTE: IVX Health will pursue an authorization per the dosing schedule outlined in the manufacturer's PI. However, a new order and subsequent MRIs of the brain must be completed and reviewed prior to the 2nd, 3rd, 4th, and 7th Kisunla (donanemab-azbt) infusions***

- **Preparation**: Prepare Kisunla (donanemab-azbt) to achieve a final concentration of 4 mg/mL to 10 mg/mL per manufacturer guidelines.
- **Dose**: Kisunla (donanemab-azbt) 350 mg IV
- **Rate**: Infuse over 30 minutes
- **Frequency**: Every four weeks for 1 dose.
- **Post Infusion:** Flush with 0.9% Sodium Chloride at the completion of infusion. Monitor patient for 30 minutes post infusion

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Provider Name (Print)   **Provider Signature**   **Date**