

☐ Northern Light Infusion Center, Brewer

**Phone:** (207) 973-9785 **Fax:** (207) 973-9788

☐ Northern Light Maine Coast, Mary Dow Infusion Center

**Phone:** (207) 664-5584 **Fax:** (207) 664-5485

**PATIENT IDENTIFICATION**  
Known allergies / medication sensitivities:

## OP donanemab (Kisunla) (Paper)

**Diagnosis:** Alzheimer's disease with mild cognitive impairment or mild dementia stage of disease **ICD10:** \_\_\_\_\_

Patient referred from Mood and Memory Clinic at Acadia: ☐ Yes ☐ No **Referring Provider:** \_\_\_\_\_

Biomarker confirmed A $\beta$  pathology of Alzheimer's disease: ☐ Yes ☐ No

CSF or PET confirmed A $\beta$  pathology of Alzheimer's disease: ☐ Yes ☐ No

### Assessments:

Baseline brain MRI prior to starting treatment: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

MRI prior to 2<sup>nd</sup> infusion: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

MRI prior to 3<sup>rd</sup> infusion: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

MRI prior to 4<sup>th</sup> infusion: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

MRI prior to 7<sup>th</sup> infusion: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

MRI every 6 months: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Apolipoprotein E (ApoE)  $\epsilon$ 4 status: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

### IV Access:

☐ Saline Lock:

☒ Insert peripheral Saline Lock; *may leave in for consecutive treatment days*

☒ Discontinue Saline Lock after therapy completed

☐ PICC Line:

☒ Routine PICC Line Care, labs and restoration

☐ Discontinue PICC Line (verify regimen is complete with provider prior to removing line)

☐ Porta cath / Central Access Device (Hickman, Triple lumen):

☒ Porta cath access, labs, restoration and de-access / Central Access Device use and care

**Height:** \_\_\_\_\_ cm **Weight:** \_\_\_\_\_ kg

### Medication:

☐ **Week 0:** donanemab (Kisunla) 350 mg, Soln, IVPB, Infuse Over: 30 min

☐ **Week 4:** donanemab (Kisunla) 700 mg, Soln, IVPB, Infuse Over: 30 min

☐ **Week 8:** donanemab (Kisunla) 1050 mg, Soln, IVPB, Infuse Over: 30 min

☐ **Week 12 and thereafter:** donanemab (Kisunla) 1400 mg, Soln, IVPB, Infuse Over: 30 min

Every 6 month MRIs after the 14<sup>th</sup> infusion. Duration of therapy to be ~18 months then PET Scan to evaluate response

### Frequency:

☐ Every 4 weeks

☐ Other: \_\_\_\_\_

### Duration:

☐ 6 Months

☐ 1 Year

☐ Once

\*\*\*Pharmacist verified provider is credentialed through Acadia Mood and Memory: ☐ Yes ☐ No (Pharmacist signature below)

Acadia Mood and Memory responsible for reviewing MRI results throughout therapy. New order required following each MRI.

**Other:** \_\_\_\_\_



100000067

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy Signature: \_\_\_\_\_

**PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS**