

# Kisunla™ (donanemab-azbt) Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

### Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

CBC	At each dose	Every _____
CMP	At each dose	Every _____
CRP	At each dose	Every _____
Other	_____	

PREMEDICATIONS (please write in): \_\_\_\_\_

## KISUNLA THERAPY ADMINISTRATION

700 mg IV every 4 weeks x 3 doses, followed by 1400 mg every 4 weeks

**\*\*MRIs should be performed at baseline & prior to the 2nd, 3rd, 4th and 7th infusion\*\***

## REQUIRED DOCUMENTATION:

**\*\* Patient must be registered with CMS prior to treatment <https://qualitynet.cms.gov/alzheimers-ced-registry/submission>**

## REQUIRED DIAGNOSIS (Select one)

- Mild Cognitive Impairment Due to Alzheimer's Disease– G31.84
- Early Onset Alzheimer's Disease – G30.0
- Late Onset Alzheimer's Disease – G30.1
- Other Alzheimer's Disease – G30.8
- Alzheimer's Disease unspecified-G30.9

### Patient Demographics

### Insurance Card/Information

### Progress Notes Supporting DX

### Current Medication List and H&P

Cognitive Assessment Score \_\_\_\_\_ (MMSE 20-28, CDR-GS 0.5 or 1)

### MRI Within 1 Year

Confirmed presence of amyloid pathology (+CSF or amyloid PET scan)

### CMS Registry Confirmation Email

### ApoE ε4 Testing (if available)

Patient has been provided ARIA Risk counseling

Provider Name (Print)

Provider Signature

Date

Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com) OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 800-540-1852	New Jersey: 800-540-1852	Pennsylvania: 215-399-9244	