

# Kisunla™ (donanemab-azbt) Referral Form



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

**PATIENT INFORMATION**

**Referral Status:**    New Referral    Updated Referral    Referral 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 Digits 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 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

**REQUIRED DOCUMENTATION:**

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

- 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
- CMS Registry Confirmation ALZH- \_\_\_\_\_ (Medicare and Medicare Advantage only)
- ApoE ε4 Testing (if available)
- Patient has been provided ARIA Risk counseling

Provider Name (Print)	Provider Signature	Date
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<b>Email Referrals To: <a href="mailto:referrals@vivoinfusion.com">referrals@vivoinfusion.com</a> OR Fax Below</b>		<b>Have a Question? Call (720) 902-4111</b>	
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: 781-202-1629	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	