

Donanemab (Kisunla) 7th infusion and beyond



Provider Order Form v. 5/2026

PATIENT INFORMATION

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

Date: Patient Name: DOB:

Patient Address:

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

☐ NKDA Allergies: Weight (kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

- ☒ Provide nursing care per Baptist Nursing Procedures, including reaction management and post-procedure observation
- ☒ Provide supporting [clinical documentation](#) including:
- o Positive amyloid beta pathology testing (Amyloid Beta PET Scan or biomarker testing)
 - o Clinical documentation including a neurologic evaluation supporting accurate diagnosis and eligibility of mild cognitive impairment or mild dementia. Ex: Mini Mental Status Exam (MMSE)
 - o [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. Baptist Memorial Healthcare is safe to proceed with the patient's donanemab (Kisunla) infusion**

REQUIRED DOCUMENTATION (new referrals only)

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

☒ **Donanemab** (Kisunla) intravenous infusion 7th+ INFUSION

NOTE: Baptist 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 infusions

- Dose: 1,400 mg
- Frequency: every 4 weeks
- Rate: over 30 minutes

Refills: ☐ Zero / ☐ for 12 months / ☐ _____

(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

In addition to this form, please also provide the following:

- Most recent providers note, with appropriate ICD-10 diagnosis code
- Most recent labs
- Supporting clinical documentation (new referrals), updated MRI

Provider Name (Print)

Provider Signature (wet ink)

Date

Baptist Infusion Center Fax Numbers

- | | | |
|---|---|---|
| ☐ Anderson: 601-553-6743 | ☐ Grenada: 662-294-9104 | ☐ New Albany: 662-538-2632 |
| ☐ Attala: 877-249-1191 | ☐ Huntingdon: 731-986-7092 | ☐ Oxford: 662-636-1696 |
| ☐ Booneville: 662-538-2632 | ☐ Infect Disease: 901-226-1112 | ☐ Southaven: 901-722-0570 |
| ☐ Calhoun: 877-249-1191 | ☐ Jackson: 601-973-1608 | ☐ Starkville: 662-338-5240 |
| ☐ Columbus: 662-244-2803 | ☐ Jonesboro: 870-934-3677 | ☐ Union City: 731-884-1720 |
| ☐ Covington: 901-383-5571 | ☐ Leake: 601-267-1179 | ☐ Yazoo: 877-249-1191 |
| ☐ Crittenden: 870-394-7734 | ☐ Malignant Heme: 901-226-3748 | ☐ Hospital for Women (PERCH): 901-227-8998 |
| ☐ Dyersburg: 731-287-9493 | ☐ Memphis Metro: 901-722-0570 | |

Phone Numbers: