

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Bronx
226 West 238th Street
Bronx, NY 10463

Brooklyn/Sheepshead Bay
2546 East 17th Street
Fl. 1
Brooklyn, NY 11235

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225



Manhattan
225 E 70th Street
Suite 1E
New York, NY 10021

Manhattan/Gramercy
7 Gramercy Park West
Lower Level
New York, NY, 10003

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

5 Towns
141 Washington Avenue
Cedarhurst, NY 11559

Manhattan/FIDI
30 Broad Street
Suite 401
New York, NY, 10004

Manhattan
57W 57Street
Suite 601
New York, NY 10019

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Holbrook/ Ronkonkoma
233 Union Ave
Suite 207
Holbrook, NY 11741

Manhattan/Midtown
120 East 56 Street
Suite 3D
New York, NY 10022

Scarsdale
495 Central Park Avenue
Suite 205
Scarsdale, NY 10583

Queens
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

Woodbury
75 Froehlich Farm
Woodbury, NY 11797

Elmsford/ Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Long Beach
917 Beech Street
Long Beach, NY 11561

New Hyde Park
1991 Marcus Ave
Suite 110
Lake Success, NY, 11042

NYC Central Park West
115 Central Park West
Suite 15
New York, NY 10023

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Staten Island
27 New Dorp Lane
Staten Island, NY 10306



KISUNLA™ (donanemab-azbt)

ORDER FORM

Date: _____

PATIENT INFORMATION

Name: _____ DOB: _____ SEX: M F
Allergies: _____ Date of Referral: _____

PHYSICIAN INFORMATION

Physician Name*: _____ Practice Name: _____
Address: _____ Office Contact*: _____
Phone: _____ Fax: _____ Email (for updates): _____

REFERRAL STATUS

New Referral Referral Renewal Medication/Order Change Benefits Verification Only Discontinuation Order

Kisunla:

Kisunla is indicated for the treatment of Alzheimer's disease (AD). Treatment with Kisunla should be initiated in patients with mild cognitive impairment (MCI) or mild dementia stage of disease, the population in which treatment was initiated in the clinical trials.

DOSAGE AND ADMINISTRATION:

- Confirm the presence of amyloid beta pathology prior to initiating treatment.

Intravenous Infusion (every 4 weeks)	KISUNLA Dosage (administered over approximately 30 minutes)
Infusions 1, 2, and 3	700 mg
Infusion 4 and beyond	1400 mg

- The recommended dosage of KISUNLA is 700 mg administered as an intravenous infusion over approximately 30 minutes every four weeks for the first three doses, followed by 1400 mg every four weeks.
- Consider stopping dosing with KISUNLA based on reduction of amyloid plaques to minimal levels on amyloid PET imaging.
- Obtain a recent baseline brain MRI prior to initiating treatment.
- Obtain an MRI prior to the 2nd, 3rd, 4th, and 7th infusions. If radiographically observed ARIA occurs, treatment recommendations are based on type, severity, and presence of symptoms.
- Dilution to a final concentration of 4 mg/mL to 10 mg/mL with 0.9% Sodium Chloride Injection, is required prior to administration.

DOSAGE FORMS AND STRENGTHS:

Injection: 350 mg/20 mL (17.5 mg/mL) in a single-dose vial

Dosing Recommendations for Patients With ARIA-E

Clinical Symptom Severity ^a	ARIA-E Severity on MRI		
	Mild	Moderate	Severe
Asymptomatic	May continue dosing at current dose and schedule	Suspend dosing ^b	Suspend dosing ^b
Mild	May continue dosing based on clinical judgment	Suspend dosing ^b	
Moderate or Severe	Suspend dosing ^b		

Dosing Recommendations for Patients With ARIA-H

Clinical Symptom Severity ^a	ARIA-E Severity on MRI		
	Mild	Moderate	Severe
Asymptomatic	May continue dosing at current dose and schedule	Suspend dosing ^a	Suspend dosing ^b
Symptomatic	Suspend dosing ^a	Suspend dosing ^a	

WARNING: AMYLOID-RELATED IMAGING ABNORMALITIES

Monoclonal antibodies directed against aggregated forms of beta amyloid, including Kisunla, can cause amyloid-related imaging abnormalities (ARIA), characterized as ARIA with edema (ARIA-E) and ARIA with hemosiderin deposition (ARIA-H). ARIA can be serious and life-threatening events can occur. Serious intracerebral hemorrhages >1 cm, some fatal, have been observed with this class of medications. Because ARIA-E can cause focal neurologic deficits that can mimic an ischemic stroke, treating clinicians should consider whether such symptoms could be due to ARIA-E before giving thrombolytic therapy.

Apolipoprotein E ε4 (ApoE ε4) Homozygotes: Patients treated with this class of medications, including Kisunla, who are ApoE ε4 homozygotes have a higher incidence of ARIA, including symptomatic and serious ARIA, compared to heterozygotes and noncarriers. Testing for ApoE ε4 status should be performed prior to initiation of treatment to inform the risk of developing ARIA. Consider the benefit for the treatment of Alzheimer's disease and risk of ARIA when deciding to treat with Kisunla.

Diagnosis Code: _____

Order/dosage: _____

Signature: _____

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____