

Donanemab-azbt (Kisunla) Induction Followed by Maintenance Every 4 Weeks

donanemab-azbt infusion 1 - 350 mg, infusion 2 - 700 mg, infusion 3 - 1050 mg followed by 1400 mg every 4 weeks

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
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Provider Communication

☒ Provider communication	Every 28 days		Until discontinued
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Until discontinued Starting when released Until Specified

Complete APOE genotyping and confirm the presence of amyloid beta pathology prior to initiating treatment.

Obtain a recent (within one year) brain MRI prior to initiating treatment to evaluate for pre-existing Amyloid Related Imaging Abnormalities (ARIA), Amyloid Related Imaging Abnormalities - Edema (ARIA-E) or Amyloid Related Imaging Abnormalities - Hemosiderin deposition (ARIA-H).

Obtain an MRI prior to the 2nd, 3rd, 4th, and, 7th donanemab-azbt infusions. If radiographically observed ARIA occurs, treatment recommendations are based on type, severity, and presence of symptoms. The frequency of additional imaging (MRI or PET) and/or repeat amyloid testing in the first year of therapy is at the discretion of the provider and includes assessment of patient specific risk factors.

Enhanced clinical vigilance for ARIA is recommended during the first 24 weeks of treatment with donanemab-azbt. If a patient experiences symptoms suggestive of ARIA (including neurologic deficits including signs of stroke), clinical evaluation should be performed, including MRI if indicated. If ARIA is observed on MRI, careful clinical evaluation should be performed prior to continuing treatment. Concurrent use of thrombolytic or anticoagulation medications may increase the risk of bleeding.

Labs

☐ Apolipoprotein E (APOE) Genotyping, Cardiovascular Risk*	Once		1 treatment
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Status: Once, Expected: S, Blood, Venous, Blood

Nursing Orders

☒ Nursing communication	Every 28 days		Until discontinued
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Until discontinued Starting when released Until Specified

Confirm an MRI was performed prior to the 2nd, 3rd, 4th, and 7th infusions. Notify provider if MRI can not be confirmed before infusion.

☒ Nursing communication	Every 28 days		Until discontinued
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Until discontinued Starting when released Until Specified

Following infusion, monitor patient for signs and symptoms of reaction for 30 minutes.

	Interval	Defer Until	Duration
Pre-Medications			
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued	Every 28 days		Until discontinued
☒ diphenhydrAMINE (BENADryl) 25 mg 25 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydramine, not both.	Every 28 days		Until discontinued
☒ loratadine (Claritin) tablet 10 mg 10 mg, oral, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydramine, not both.	Every 28 days		Until discontinued
☒ dexAMETHasone (Decadron) IV 10 mg 10 mg, intravenous, Administer over: 5 Minutes, Once as needed, for prior infusion reaction, Starting at treatment start time, Until Discontinued	Every 28 days		Until discontinued
Therapeutic Medications			
☒ donanemab-azbt (Kisunla) IVPB 350 mg 350 mg, intravenous, Administer over: 30 Minutes, Once, Starting 30 minutes after treatment start time	Once		1 treatment
☒ donanemab-azbt (Kisunla) IVPB 700 mg 700 mg, intravenous, Administer over: 30 Minutes, Once, Starting 30 minutes after treatment start time	Once	S+28	1 treatment
☒ donanemab-azbt (Kisunla) IVPB 1,050 mg 1,050 mg, intravenous, Administer over: 30 Minutes, Once, Starting 30 minutes after treatment start time	Once	S+56	1 treatment
☒ donanemab-azbt (Kisunla) IVPB 1,400 mg 1,400 mg, intravenous, Administer over: 30 Minutes, Once, Starting 30 minutes after treatment start time	Every 28 days	S+84	Until discontinued
Emergency Medications			
☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydrAMINE (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued

	Interval	Defer Until	Duration
☒ diphenhydramINE (BENADryl) injection 50 mg	PRN		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For mild/moderate reaction: flushing, rash, pruritus			
- OR -			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose			
For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Every 28 days	Until discontinued
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after		

*Provider signature	Provider printed name	*Date	Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**