KAISER PERMANENTE®

donanemab-azbt (KISUNLA)

Infusion Therapy Plan Orders

Name: _____

Kaiser Permanente Member I.D. #: _____

Date of Birth: _____

Instructions to Provider

Review orders and note any changes. All orders with ☑ will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers using the link at the end of this protocol).
Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all the following:

Order Date: _____ **Weight:** _____kg	**Diagnosis** ICD-10 code (*REQUIRED):* _____ ICD-10 description: _____

General Plan Communication

- Administer every 4 weeks. Infusion 1: 350 mg. Infusion 2: 700 mg. Infusion 3: 1,050 mg. Infusion 4 and beyond: 1,400 mg.
- **Special instructions/notes:**

  _____

Provider Information

- Baseline labs before initial treatment
  - Pregnancy test in women of child-bearing potential
  - Apolipoprotein E (ApoE) genotyping
  - Brain MRI
- Amyloid Related Imaging Abnormalities (ARIA)
  - Testing for ApoE status should be performed prior to initiation of treatment to inform the risk of developing ARIA.
  - Obtain baseline MRI and 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.
- Medicare Patients
  - Must enroll in a federal registry for coverage and real-world data collection
  - Medicare Beneficiary ID is required for CMS National Registry enrollment
  - Providers can request this ID number from patients
  - https://qualitynet.cms.gov/alzheimers-ced-registry/resources

Infusion Therapy

☑ **donanemab-azbt (KISUNLA) 350 mg in 0.9 % NaCl (50 mL)**

Dose:	**Infusion 1:** 350 mg **Infusion 2:** 700 mg **Infusion 3:** 1,050 mg **Infusion 4 and beyond:** 1,400 mg
Route:	Intravenous
Frequency:	Every 4 weeks
Infusion Rate:	Infuse over 30 minutes; following infusion, flush with 30 mL of NS

Note any changes to above regimen:

_____

Pre-Medications

☑ **acetaminophen (TYLENOL) tablet**

Dose: 650 mg ***Route:*** Oral ***Frequency:*** Once PRN, 30 minutes prior to infusion if patient has history of prior reaction. May also be given once as needed during infusion for achiness, headache, or fever

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

KAISER PERMANENTE®

donanemab-azbt (KISUNLA)

Infusion Therapy Plan Orders

Name: _____

Kaiser Permanente Member I.D. #: _____

Date of Birth: _____

☑	**methylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF)**		
	Dose: 125 mg	***Route:*** Intravenous	***Frequency:*** Once PRN, 30 minutes prior to infusion if patient has history of prior reaction
☑	**cetirizine (ZYRTEC) tablet**		
	Dose: 10 mg	***Route:*** Oral	***Frequency:*** Once PRN, 60 minutes prior to infusion (if not taken at home) if patient has history of prior reaction
☑	**Other: _____**		
	Dose: _____	***Route:*** Oral	***Frequency:*** Once, 30 minutes prior to infusion
IV Line Care			
☑	**0.9% Sodium Chloride (NaCl) infusion 250 mL**		
	Rate: 30 mL/hr	***Route:*** Intravenous	***Frequency:*** Run continuously to keep vein open. Start peripheral IV if no central line
PRN & Hypersensitivity Reaction Medications			
☑	**acetaminophen (TYLENOL) tablet**		
	Dose: 650 mg	***Route:*** Oral	***Frequency:*** Take 650 mg PO every 4 hours PRN for fever (greater than 100.4 F), myalgias, arthralgias or headache.
☑	**alteplase (CATHFLO ACTIVASE) injection**		
	Dose: 2 mg	***Route:*** Intracatheter	***Frequency:*** Instill 2 mg to affected port(s) of central venous catheter if sluggish or occluded. Allow to dwell for 30 minutes, if unable to aspirate blood allow to dwell for an additional 90 minutes. May repeat one time if unsuccessful.
☑	**diphenhydrAMINE (BENADRYL) injectable**		
	Dose: 50 mg	***Route:*** Intravenous	***Frequency:*** Give IV push over 2 minutes PRN for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. Notify provider if patient experiences a hypersensitivity reaction.
☑	**famotidine (PEPCID) (PF) injection**		
	Dose: 20 mg	***Route:*** Intravenous	***Frequency:*** Give IV push over 2 minutes PRN for hives, rash, itching, flushing, and/or swelling in a suspected hypersensitivity reaction. Give immediately after diphenhydrAMINE. Notify provider if patient experiences a hypersensitivity reaction.
☑	**methylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF)**		
	Dose: 125 mg	***Route:*** Intravenous	***Frequency:*** Give 125 mg IV push one time PRN for shortness of breath, bronchospasm, or other symptoms of a suspected hypersensitivity reaction not otherwise specified. Notify provider if patient experiences a hypersensitivity reaction.
☑	**sodium chloride 0.9% IV bolus**		
	Dose: 1000 mL	***Route:*** Intravenous	***Frequency:*** Give IV over 60 minutes one time PRN for hypotension due to presumed anaphylaxis. Notify provider if patient experiences a hypersensitivity reaction.
☑	**EPINEPHrine (Epi-Pen) 0.3 mg/0.3 mL IM Auto-Injector**		
	Dose: 0.3 mg	***Route:*** Intramuscular	***Frequency:*** Give IM once PRN for anaphylaxis/allergic reaction. May repeat one time. KPWA Asthma/Allergy and Pediatrics endorse: For patients < 25 kg (55 lbs): 0.15 mg. For patients ≥ 25 kg (55 lbs): 0.3 mg. Inject into anterolateral aspect of the thigh.

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

KAISER PERMANENTE®

donanemab-azbt (KISUNLA)

Infusion Therapy Plan Orders

Name: _____

Kaiser Permanente Member I.D. #: _____

Date of Birth: _____

Nursing Orders

- Verify that patient meets the lab parameters for administration:
  - **Before initial treatment:**
    - Pregnancy test in women of child-bearing potential
    - Apolipoprotein E (ApoE) genotyping
    - Brain MRI
  - **Prior to 2nd, 3rd, 4th, and 7th infusions:**
    - Repeat Brain MRI
- Assess for toxicity and tolerance.
- Establish IV access and begin a primary line at 30 mL/hr using a compatible solution.
- Prior to each infusion ask patient if they experienced symptoms of ARIA-edema. Symptoms include headache, confusion, delirium, altered mental status, disorientation, dizziness/vertigo, visual disturbance, nausea, tremor and difficulty walking.
- Flush IV line with minimum of 30 mL of a compatible primary solution before and after each medication.
- Administer by IV infusion over approximately 30 minutes. Following infusion, flush with 30 mL of NS.
- For hypersensitivity: stop donanemab, give diphenhydramine and steroid as ordered.
- *If infusion related reaction:*
  1. STOP infusion immediately
  2. Begin primary infusion to wide open rate
  3. Notify MD
  4. Monitor vital signs
  5. Administer PRN medications
  6. 30 minutes after symptoms have resolved, restart infusion at 50% of rate when reaction occurred
- Observe the patient post-infusion for a minimum of 30 minutes to evaluate for infusion reactions and hypersensitivity reactions.
- Review discharge medications, instructions, and future appointments.

References

Donanemab-azbt® (KISUNLA) injection for subcutaneous or intravenous use Prescribing Information. Revised July 2025.

Kaiser Permanente Infusion Locations

Please refer to the link below for the current list and contact information:
https://wa-provider.kaiserpermanente.org/patient-services/ambulatory-infusion

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____