

**Patient Demographics**

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Social Security Number
_____ Date of Birth	_____ Phone Number	_____ Insurance Provider	_____ ID Number

**Provider Information**

_____ Referring Provider Name	_____ Phone Number	_____ Practice Contact (Name)
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**Clinical Information**

_____ Diagnosis	_____ ICD-10 code	<b>Allergies:</b> _____
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**Prescriber's Orders: orders expire after 12 months**

<input type="checkbox"/>	INITIAL <b>Donanemab (KISUNLA)</b> 350mg, Intravenously over 30 minutes week 0, followed by 700mg, Intravenously over 30 minutes week 4, followed by 1,050mg, Intravenously over 30 minutes week 8, followed by 1,400mg, Intravenously over 30 minutes, Every 4 weeks, for _____ doses
<input type="checkbox"/>	MAINTENANCE <b>Donanemab (KISUNLA)</b> 1,400mg, Intravenously over 30 minutes, Every 4 weeks, for _____ doses
<input type="checkbox"/>	<b>Lecanemab (LEQEMBI)</b> 10 mg/kg, Intravenously over 60 minutes, Every 2 weeks, for _____ treatments

<b>Additional Order Comments:</b>	_____
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_____ Physician Signature	_____ Printed name	_____ Date/time
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In order to refer a patient to one of the Baptist Infusion Centers, please send the following information:

- Patient's complete demographics, including insurance information
- A copy of the patient's diagnosis with the appropriate ICD-10 diagnosis code, preferably in the provider's note
- A copy of the most recent labs and the most recent provider's progress note
- A copy of this order sheet with the correct drug selected and the order signed, dated, and timed
- **Donanemab (Kisunla):**
  - Prior to initiation: provide copy of PET or lumbar puncture confirming presence of amyloid beta pathology, apolipoprotein E e4 status testing, and a brain MRI (within 1 year)
  - Prior to the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, and 7<sup>th</sup> infusions: copies of brain MRIs
- **Lecanemab (Leqembi):**
  - Prior to initiation: provide copy of PET or lumbar puncture confirming presence of amyloid beta pathology, apolipoprotein E e4 status testing, and a brain MRI (within 1 year)
  - Prior to the 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, and 14<sup>th</sup> infusions: copies of brain MRIs
- We will not proceed with prior authorization or scheduling the patient for treatment until all information requested is provided.
- Please ensure that we have a valid contact name and number should we need to call for additional information or to clarify orders.
- Please note that orders are only valid for 12 months. After that time, new orders and new documentation must be provided.

Thank you for allowing Baptist Cancer Center to care for your patients.