



BAMF Health Theranostics Center • Molecular Therapy Clinic
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 bamfhealth.com

Kisunla Order
 Revision 01-17-2025

Please Fax completed order to BAMF Health at Fax # 616-253-8365

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____

Allergies: _____ Weight (kg): _____ Height (cm): _____

REFERRING OFFICE (if applicable)

Contact Name: _____ Contact Phone #: _____

Ordering Provider: _____ Provider NPI: _____

Practice Name: _____ Phone #: _____ Fax #: _____

DIAGNOSIS

- Mild cognitive impairment, so stated (ICD-10 code: G31.84)
- Alzheimer's Disease with Late Onset (ICD-10 code: G30.1)
- Alzheimer's Disease with Early Onset (ICD-10 code: G30.0)
- Mild dementia due to Alzheimer's Disease (ICD-10 code: G30.9)
- Other: _____ ICD-10 Code: _____

CLINICAL HISTORY – REQUIRED INFORMATION

- Current Medication list
- Recent provider note(s)
- PET scan or CSF results with amyloid beta confirmation
- Recent MRI of brain (within past year)
- Results of cognitive assessment with score: _____ (MMSE 22-30, CDR-GS 0.5 or 1)
- Confirmation of functional impairment w/ validated tool:
 - FAQ Score FAST CDR-SB
 - For Medicare / Medicare Advantage, please include a copy of the CMS Registry enrollment that includes submission number
 - APoE ε4 test results (if applicable)

PRE-MEDS

- Acetaminophen (Tylenol®) 650 mg PO prior to infusion
- Decadron (dexamethasone) 10 mg IV Push over 5 min.

Please instruct patient to take acetaminophen 650 mg every 6 hours routinely for the next 24 hours while at home.

NURSING ORDERS

- Vitals prior to infusion If SBP ≥ 150 mmHg, hold treatment and call provider.
- Vitals following infusion and prior to discharge
- Patients to be monitored for 30 min following completion of infusion
- Call prescriber and/or 911 for any hypersensitivity reactions including but not limited to fever, flu-like symptoms, nausea, vomiting, hypertension, and oxygen desaturation

Date of last infusion if not at BAMF Health: _____ RX Expiration Date: _____ (Rx will expire in 12 months)

THERAPY ADMINISTRATION

- Cycle 1: Kisunla 350mg/20mL. Administer 350mg in 50mL 0.9% NS IVPB over 30 minutes
- Cycle 2: Kisunla 350mg/20mL. Administer 700mg in 100mL 0.9% NS IVPB over 30 minutes
- Cycle 3: Kisunla 350mg/20mL. Administer 1050 mg in 200mL 0.9% NS IVPB over 30 minutes
- Cycles 4-18: Kisunla 350mg/20mL. Administer 1400 mg in 200mL 0.9% NS IVPB over 30 minutes

Administer cycles 4 weeks apart

FOLLOW UP MR BRAIN w/o contrast (Please use checkboxes below for allowing BAMF Health Nurse navigators to coordinate follow up MRIs at BAMF Health)

- Rule Out: Amyloid related imaging abnormalities (Brain Edema or Hemorrhage) Other: _____
- Order: MR Brain w/o contrast (prior to 2nd Kisunla infusion) MR Brain w/o contrast (prior to 4th Kisunla infusion)
 MR Brain w/o contrast (prior to 3rd Kisunla infusion) MR Brain w/o contrast (prior to 7th Kisunla infusion)

Additional Orders: By signing this order, you agree to the following orders, unless otherwise noted.

- Hold infusion and notify provider if patient reports: Headache, Dizziness, Nausea, Vision Changes, New or Worsening Confusion.
- May initiate IV catheter patency protocol
- Infusion/allergic reactions may be managed per facility protocol.

Provider Signature: _____ Date: _____