

Lemtrada (Alemtuzumab)

PATIENT INFORMATION

Referral Status (check one): New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight _____ Please specify: lbs kg Height: _____

Patient Status (check one): New to Therapy Continuing Therapy | Last Treatment Date: _____ Next Due Date: _____

ICD-10 code (required): _____ ICD-10 description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

SUPPORTING DOCUMENTATION

- Ensure baseline labs have been drawn & provide results: _____
- Ensure patient has taken & prescribed an anti-viral:
 - Acyclovir 400mg _____
- Home medications: Zyrtec 10mg / Hydroxyzine 50mg / Zantac 150mg / Pepcid 20mg (Staff to verify patient has taken.)

NURSING

- Verify patient & provider are enrolled/authorized in REMS.
- Ensure REMS authorization call has occurred prior to infusion.
- Provide patient with What You Need to Know about Lemtrada Treatment and Infusion Reactions: A Patient Guide
- Complete & submit LEMTRADA REMS Infusion Checklist upon completion of each treatment cycle.

PRE-MEDICATION ORDERS (REQUIRED)

- acetaminophen (Tylenol) 1000mg PO each day
- diphenhydramine (Benadryl) 50mg PO each day
- methylprednisolone (Solu-Medrol) 1000mg IV mixed in 100ml 0.9% NS over 1 hour on days 1, 2, 3 of each cycle treatment

*Unless contraindicated, the above will be given with each treatment cycle.

PRE-MEDICATION ORDERS (ADDITIONAL)

- Ibuprofen (Advil) 400mg PO (If indicated, acetaminophen will be held)
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- ranitidine (Zantac) 150mg PO
- Methylprednisolone (Solu-Medrol) _____ mg IV mixed in _____ ml NS over 1 hour on days: _____
- dexamethasone 80mg IV mixed in 100ml NS over 1 hour on days: _____
- Other: _____
 Dose: _____ Route: _____
 Frequency: _____

THERAPY ADMINISTRATION

- Alemtuzumab** (Lemtrada) year one
 - Dose & Route: 12mg intravenous infusion
 - Frequency: daily for 5 days
 - Mix in 100ml 0.9% sodium chloride, infuse over four hours (protect from light)
 - Flush with 0.9% sodium chloride at the completion of infusion (infuse at same rate as Lemtrada)
 - Patient required to stay for 120-minute observation
- Alemtuzumab** (Lemtrada) year two/subsequent frequent course
 - Dose & Route: 12mg intravenous infusion
 - Frequency: daily for 3 days
 - Mix in 100ml 0.9% sodium chloride, infuse over four hours (protect from light)
 - Flush with 0.9% sodium chloride at the completion of infusion (infuse at same rate as Lemtrada)
 - Patient required to stay for 120-min observation period

Ordering Provider: Initial here _____ and proceed to the next page.

