

INFUSION° Phone: 1-800-809-1265 Fax: 1-866-872-8920

Referral Status:	MRN:	
New referral	Order change	Order Renewal
Patient preferred clinic:		

## Lemtrada® (alemtuzumab) Standard Plan of Treatment

Date of Referral: Patient Name: Address: Patient Name: Address: City, State, Zip: Height in inches: Weight: LB or KG Gender: Allergies: See list NKDA  DIAGNOSIS: (PLEASE COMPLETE 2 <sup>ND</sup> AND 3 <sup>ND</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)  G35 - Replasing Multiple Sclerosis Other:  REQUESTED DOCUMENTATION: I Insurance information I IF NO: HEYES. HAP including Labs and tests supporting diagnosis Full medication list including tried and failed therapies  Full medication list including tried and failed therapies  Patient enrolled in REMS? Yes No Continue current order until insurance approved  REQUIRED: TB test results for new start patients  Continue current order until insurance approved  CBC with differential, serum creatinine level, urinalysis with urine cell counts, & TSH levels prior to start of therapy.  Are immunizations current and if any recently given, were they at least 6 weeks prior to start of Lemtrada? Yes No  MEDICATION ORDERS:  NOTE: Patient may be ineligible to receive alemtuzumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected metection, severe abdominal pain or vomiting, and/or surgery.  PREMEDICATION TO BE ADMINISTRED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  POF Patient may be ineligible to receive alemtuzumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected metection, severe abdominal pain or vomiting, and/or surgery.  PREMEDICATION TO BE ADMINISTRED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  POF Per FDA labeling Premedication of Acetaminophen PO. Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion  POINT A designation of Acetaminophen PO. Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion  POINT A designation of Acetaminophen PO. Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion  POINT A designation of Acetaminophen PO. Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion  POINT A designatio	PAT	IENT DEMOGRAP	HICS:								
Date of Birth:  Height in inches:   Weight:	Date of Referral:				Patier	Patient's Phone:					
Height in inches:   Weight:   LB or KG   Gender:   Allergies:   See list   NKDA	Patient Name:				Address:						
DIAGNOSIS: (PLEASE COMPLETE 2 <sup>ND</sup> AND 3 <sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)  G35 - Replasing Multiple Sclerosis Other:  REQUESTED DOCUMENTATION:   Insurance information	Date of Birth:				City, S	City, State, Zip:					
G35 - Replasing Multiple Sclerosis  - Other:    REQUESTED DOCUMENTATION:   PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?	Height in inches: Weight: LB or KG			Gende	er:	Allergies:		See list	NKDA		
G35 - Replasing Multiple Sclerosis  - Other:    REQUESTED DOCUMENTATION:   PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?	DIA	GNOSIS: (PLEASE (	COMPLETE 2 <sup>N</sup>	D AND 3RD DIGITS TO	СОМ	PLETE ICD 10 FOR	BILLING)				
REQUESTED DOCUMENTATION:    REQUESTED DOCUMENTATION:   PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?							,				
Insurance information			•								
Insurance information											
H&P including Labs and tests supporting diagnosis   REQUIRED MASHOUT FROM PREVIOUS THERAPY:   NEXT INFUSION DATE:   NEXT INFUSION							IT TAKEN THIS	MEDICATI	ON BEFORE?		
REQUIRED WASHOUT FROM PREVIOUS THERAPY:   FORDER CHANGE:   FROM PREVIOUS THERAPY:   FORDER CHANGE:   FROM PREVIOUS THERAPY:   FORDER CHANGE:   FROM PREVIOUS THERAPY:   FORDER CHANGE:   FROM PREVIOUS THERAPY:   FROM PREV	-										
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failed therapies  Patient enrolled in REMS? Yes No  REQUIRED: To test results for new start patients  CBC with differential, serum creatinine level, urinalysis with urine cell counts, & TSH levels prior to start of therapy.  Are immunizations current and if any recently given, were they at least 6 weeks prior to start of Lemtrada? Yes No  Are immunizations current and if any recently given, were they at least 6 weeks prior to start of Lemtrada? Yes No  MEDICATION ORDERS:  NOTE: Patient may be ineligible to receive alemtuzumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, severe abdominal pain or vomiting, and/or surgery.  PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  *Per FDA labeling Premedication of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion  Diphenhydramine 25mg 50mg Acetaminophen 325mg 50mg 650mg 1000mg  Ondansetron 4mg Other: Famotidine 20mg 40mg Famotidine 20mg 40mg  Diphenhydramine 25mg 50mg 50mg 650mg 1000mg  Methylprednisolone 1000 mg given IV over 1 hour in NS diluted per protocol for the first 3 days of each treatment course prior to Lemtrada  Wethylprednisolone 1000 mg given IV over 1 hour in NS diluted per protocol for the first 3 days of each treatment course prior to Lemtrada  FIRST Course: Daily for 5 consecutive days  Second/Subsequent Course: Daily for 3 consecutive days		_		FROM PREVIOUS							
Continue current order until insurance approved    Comparison	3		cluding tried and	THERAPY:	IF ORI	IF ORDER CHANGE:					
CBC with differential, serum creatinine level, urinalysis with urine cell counts, & TSH levels prior to start of therapy.  Are immunizations current and if any recently given, were they at least 6 weeks prior to start of Lemtrada? Yes No  Has antiviral prophylaxis for herpetic viral infections been prescribed? Yes No  MEDICATION ORDERS:  NOTE: Patient may be ineligible to receive alemtuzumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, severe abdominal pain or vomiting, and/or surgery.  PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  "Per FDA labeling Premedication of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion  Diphenhydramine 25mg 50mg Acetaminophen 20mg 40mg Famotidine 20mg 40mg Famotidine 25mg 50mg 50mg Diphenhydramine 25mg 50mg Diphenhydramine 25mg 50mg Cettrizine 10mg Cettrizine 10mg Cettrizine 10mg Cother:  MEDICATION/DOSE:  MEDICATION/DOSE:  MEDICATION/POSE:  MEDICATION/POSE:  FERQUENCY:  each treatment course prior to Lemtrada  FIRST Course: Daily for 5 consecutive days  Second/Subsequent Course: Daily for 3 consecutive days		Patient enrolled in RE	EMS? Yes	No		Continue				. was ad	
Are immunizations current and if any recently given, were they at least 6 weeks prior to start of Lemtrada? Yes No  Has antiviral prophylaxis for herpetic viral infections been prescribed? Yes No  MEDICATION ORDERS:  NOTE: Patient may be ineligible to receive alemtuzumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, severe abdominal pain or vomiting, and/or surgery.  PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  *Per FDA labeling Premedication of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion  Diphenhydramine 25mg 50mg 650mg 650mg 1000mg  Ondansetron 4mg Other:  Famotidine 20mg 40mg Diphenhydramine 25mg 50mg 50mg Fexofenadine 20mg 40mg Diphenhydramine 25mg 50mg Fexofenadine 60mg 180mg  Cetirizine 10mg Other:  INS diluted per protocol for the first 3 days of each treatment course prior to Lemtrada  FERQUENCY:  FERQUENCY:  Second/Subsequent Course: Daily for 3 consecutive days  Second/Subsequent Course: Daily for 3 consecutive days	6	REQUIRED: TB test	results for new st	art patients		Continue current order until insurance approved					
Has antiviral prophylaxis for herpetic viral infections been prescribed? Yes No    MEDICATION ORDERS:     NOTE: Patient may be ineligible to receive alemtuzumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, severe abdominal pain or vomiting, and/or surgery.    PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED     Per FDA labeling Premedication of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion     Diphenhydramine   25mg   50mg   650mg   1000mg     Ondansetron   4mg   Other:	7	CBC with differential, serum creatinine level, urinalysis with urine cell counts, & TSH levels prior to start of therapy.									
MEDICATION ORDERS:  NOTE: Patient may be ineligible to receive alemtuzumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, severe abdominal pain or vomiting, and/or surgery.  PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  *Per FDA labeling Premedication of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion    Diphenhydramine   25mg   50mg   50mg   40mg   50mg	8	Are immunizations cu	urrent and if any r	ecently given, were they	at least 6	weeks prior to start o	f Lemtrada?	Yes N	0		
NOTE: Patient may be ineligible to receive alemtuzumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, severe abdominal pain or vomiting, and/or surgery.  PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  *Per FDA labeling Premedication of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion    V	9	Has antiviral prophyla	axis for herpetic v	iral infections been presc	ribed?	Yes No					
IN PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  *Per FDA labeling Premedication of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion    Value	MED	DICATION ORDERS	S:								
PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED  *Per FDA labeling Premedication of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion    Diphenhydramine					iotics for	active infectious proces	ss, antifungal the	erapy, active	fever and/or รเ	spected	
Diphenhydramine   25mg   50mg   00ther:   Famotidine   20mg   40 mg   Diphenhydramine   25mg   500mg   650mg   1000mg   Famotidine   20mg   40 mg   Diphenhydramine   25mg   50mg   50mg   Famotidine   25mg   50mg   50mg   Famotidine   25mg   50mg   50mg   Fexofenadine   60mg   180mg   Cetirizine   10mg   Loratadine   10mg   Other:   Other:   FREQUENCY:   FREQUENCY:   Frist Course: Daily for 5 consecutive days   Frist Course: Daily for 3 consecutive days   Second/Subsequent Course: Daily for 3 consecutiv	PREM	EDICATION TO BE ADM	INISTERED 30 MIN	UTES PRIOR TO ADMINISTR	_						
V   Ondansetron	*Per	FDA labeling Premedic	cation of Acetami	nophen PO, Diphenhydra	mine IVF	P, and Ondansetron IV	P is suggested	l prior to infu	sion		
Famotidine 20mg 40 mg Diphenhydramine 25mg 50mg Fexofenadine 60mg 180mg Cetirizine 10mg Loratadine 10mg Diphenhydramine 10mg Diphenhydramine 10mg Cetirizine 10mg Diphenhydramine		Diphenhydramine	25mg	50mg		Acetaminophen	325mg	500mg	650mg	1000mg	
PO	IV	Ondansetron	4mg	Other:		Famotidine	20mg	Ü			
MEDICATION/DOSE:  Methylprednisolone 1000 mg given IV over 1 hour in NS diluted per protocol for the first 3 days of each treatment course prior to Lemtrada  I cetirizine 10mg  Loratadine 0ther: 0ther:	l IV	Famotidine	20mg	40 mg		Diphenhydramine	25mg	50mg			
MEDICATION/DOSE:  Methylprednisolone 1000 mg given IV over 1 hour in NS diluted per protocol for the first 3 days of each treatment course prior to Lemtrada  First Course: Daily for 5 consecutive days  Second/Subsequent Course: Daily for 3 consecutive days		Other:			PO	Fexofenadine	60mg	180mg			
✓ Methylprednisolone 1000 mg given IV over 1 hour in NS diluted per protocol for the first 3 days of each treatment course prior to Lemtrada       Other:       Description         ✓ Lemtrada® (alemtuzumab) 12 mg given IV in       First Course: Daily for 5 consecutive days         ✓ Second/Subsequent Course: Daily for 3 consecutive days		_				Cetirizine					
in NS diluted per protocol for the first 3 days of each treatment course prior to Lemtrada  FIREQUENCY:  Each treatment course prior to Lemtrada  First Course: Daily for 5 consecutive days  Second/Subsequent Course: Daily for 3 consecutive days		Methylprednisolone 1000 mg given IV over 1 hour				Loratadine	10mg				
each treatment course prior to Lemtrada  First Course: Daily for 5 consecutive days  Lemtrada® (alemtuzumab) 12 mg given IV in Second/Subsequent Course: Daily for 3 consecutive days	<b>✓</b>					Other:					
Lemtrada® (alemtuzumab) 12 mg given IV in Second/Subsequent Course: Daily for 3 consecutive days	· ·				FREQUENCY:						
		each treatment course prior to Lemtrada									
100ml of NC to infuse over 4 hours	<b>✓</b>					Second/Subsequent Course: Daily for 3 consecutive days					
100mi of NS to infuse over 4 nours											

## Each dose followed by two hour post infusion monitoring

LINE USE/CARE ORDERS:	ADVERSE REACTION & ANAPHYLAXIS ORDERS:				
Start PIV/Access CVC Flush device per facility standard flushing procedure	Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.				
PRESCRIBER INFORMATION:					
PROVIDER NAME:	PHONE:				
ADDRESS:	FAX:				
CITY, STATE, ZIP:	NPI:				
PRESCRIBER SIGNATURE: (No stamp signatures)	DATE:				
Dispense as written/Brand medically necessary	Substitution permitted				