

Referral Status:	MRN:	
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change	<input type="checkbox"/> Order Renewal
Patient preferred clinic:		

Lemtrada® (alemtuzumab) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Date of Referral:	Patient's Phone:		
Patient Name:	Address:		
Date of Birth:	City, State, Zip:		
Height in inches:	Weight:	LB or KG	Gender: Allergies: <input type="checkbox"/> See list <input type="checkbox"/> NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

G35 - Replacing Multiple Sclerosis
_____ - Other:

REQUESTED DOCUMENTATION:

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

1	Insurance information	IF NO:	IF YES:
2	H&P including Labs and tests supporting diagnosis	PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INFUSION DATE:
3	Full medication list including tried and failed therapies		NEXT INFUSION DATE:
5	Patient enrolled in REMS? Yes No		Continue current order until insurance approved
6	TB test results: PPD or QuantiFERON Gold Test		
7	CBC with differential, serum creatinine level, urinalysis with urine cell counts, & TSH levels prior to start of therapy.		
8	Are immunizations current and if any recently given, were they at least 6 weeks prior to start of Lemtrada? Yes No		
9	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

IV	Diphenhydramine	25mg	50mg	PO	Acetaminophen	325mg	500mg	650mg	1000mg
	Ondansetron	4mg	Other:		Famotidine	20mg	40mg		
	Famotidine	20mg	40 mg		Diphenhydramine	25mg	50mg		
	Other:				Fexofenadine	60mg	180mg		
				Cetirizine	10mg				
				Loratadine	10mg				
				Other:					

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
- Lemtrada® (alemtuzumab) 12 mg given IV in 100ml of NS to infuse over 4 hours

FREQUENCY:

- First Course: Daily for 5 consecutive days
- Second/Subsequent Course: Daily for 3 consecutive days

Each dose followed by two hour post infusion monitoring

LINE USE/CARE ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

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	