

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 2<sup>ND</sup> AND 3<sup>RD</sup> 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	<b>Continue current order until insurance approved</b>	
6	<b>REQUIRED:</b> TB test results for new start patients		
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

<b>IV</b>	Diphenhydramine	25mg	50mg	<b>PO</b>	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	