Alemtuzumab (Lemtrada®) Referral Form

Phone 405.548.4848 **Toll Free** 888.848.4588 **Fax** 405.418.4442

PATIENT INFORMATION

Patient Name:	Date of Referral:	
Address:	SSN:	Gender:
City, State:	DOB:	Age:
Zip:	Primary Language:	
Phone:	Work Phone:	
Caregiver Name (if other):	Relation:	Phone:
Emergency Contact:	Relation:	Phone:
Primary Insurance Subscriber:		
Policy #: Group #:	Insurance Phone:	

PRIMARY DIAGNOSIS:	MEDICAL HISTORY			
Date of diagnosis/yrs with disease:	**Is patient diabetic:**	☐ Yes	☐ No	
Primary diagnosis:	**Patient Allergies:**	☐ NKDA		
Multiple Sclerosis, relapsing	☐ Yes, listed:			
☐ Other - Please indicate ICD10-CM code & description:	**Ht:**	☐ in	☐ cm	**Date Taken:**
	Wt:	☐ lbs	☐ kg	

Please attach and fax
1. Insurance card(s) and demographic information
2. Recent clinical assessment note or H&P
3. Current medication list

PRESCRIPTION AND ORDERS

Is this first dose? ☐ Yes ☐ No **If no, date first dose given:**

Access: ☐ Peripheral ☐ Port ☐ Other:

☐ **First round:** 12mg/day x 5 days (60 mg total)
☐ **Second round:** 12mg/day x 3 days (36 mg total)
*1 year following initial dose

PREMEDICATIONS: • Hydroxyzine Hcl 50mg po prior to start of Alemtuzumab and q6 hours prn #25
• Acyclovir 200mg bid for a minimum of 2 months or until CD4+ count is ≥ 200 cells per µL, whichever occurs later #60 w/ 3 refills
• Cetirizine 10mg po prior to Alemtuzumab infusion • Acetaminophen (Tylenol®) 1000mg po prior to start of Alemtuzumab and q6 hrs prn
• Ranitidine 150mg po prior to start of Alemtuzumab • Ondansetron 4mg po prn #25 • Promethazine 25mg po prn #25
☐ Other:

ORDERS: • Solu-Medrol 1000mg in 500 mL of 0.9% NaCl IV over 1 hr prior to Alemtuzumab **on infusion days 1, 2 and 3 only (First & second round)**
• 500 mL of 0.9% NaCl IV over 30-60min prior to Alemtuzumab **on infusion days 4 & 5 only (First round)**
• Alemtuzumab 12mg in 100mL of 0.9% NaCl IV over 4 hours via stationary pump
DO NOT infuse faster than over 4 hours each day, even if rate reduction necessary on previous days

POST-MEDICATIONS: • 500mL of 0.9% NaCl IV over 1-2 hrs via stationary pump following each Alemtuzumab infusion

IV CATHETER CARE INCLUDES: Dressing changes PRN, antimicrobial disk PRN, Cathflo 2mg IV to each lumen PRN occlusion, Heparin and saline flush per OptionOne protocol, and lab draws from urine

ORDERS FOR SIDE EFFECTS:
• Stop Alemtuzumab immediately for side effects and administer diphenhydramine 50mg in 100mL of 0.9% NaCl IV & hydroxyzine 50mg po if 6 hrs since last dose. Resume Alemtuzumab 30 min after symptoms resolve at 1/2-2/3 rate for duration of infusion.
• Ondansetron 4-8mg in 50-100mL 0.9% NaCl IV over 15 min prn nausea • Ibuprofen 200mg po q6 prn
• Epinephrine 1:1000 0.5-1mL IVP prn angioedema/hypotension/bronchospasm/generalized urticaria
• Diphenhydramine 50mg in 100mL of 0.9% NaCl IV prn pruritis/rash • Patient may self medicate with home medications
☐ Other:

MONITORING PARAMETERS:
• Obtain vitals prior to Solu-Medrol or 0.9% NaCl 500mL pre-hydration infusion
• Obtain vitals prior to Alemtuzumab then q15 min for the first hour, q30 min for the next hour, q1 hr for remainder and prn until DC'd
• Observe patient for 1hr after completion of post-hydration (total observation time 2 hrs after completion of Alemtuzumab)
☐ Other:

OTHER ORDERS:

Adverse and Anaphylactic Reactions will be treated per OptionOne protocol.

PHYSICIAN INFORMATION

Name:	Hospital/Clinic:	
Address:	Office Contact:	
City, State, Zip:	Phone:	Fax:
License #:	UPIN:	NPI:

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Signature:

Date:

Lemtrada® Patient Information

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WEEK PRIOR TO LEMTRADA INFUSION

- Fill prescriptions for Hydroxyzine, Acyclovir and Demerol - bring the Demerol to the office each day
- Purchase a 30-day supply of OTC Zantac (ranitidine) and Zyrtec (cetirizine) - generic medication is acceptable
- Purchase Ibuprofen and Benadryl (diphenhydramine) tablets - keep the Benadryl at home, bring the Ibuprofen to the office each day
- Begin drinking plenty of water, especially the weekend before your infusion

MEDICATION SCHEDULE

			INFUSION DAY 1 (bring Demerol & Ibuprofen)	INFUSION DAY 2 (bring Demerol & Ibuprofen)	INFUSION DAY 3 (bring Demerol & Ibuprofen)	INFUSION DAY 4 (bring Demerol & Ibuprofen)	INFUSION DAY 5 (bring Demerol & Ibuprofen)		
	SATURDAY	**SUNDAY**	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**	**SUNDAY**
AM	Hydroxyzine Acyclovir Zyrtec Zantac	Hydroxyzine Acyclovir Zyrtec Zantac	Hydroxyzine Acyclovir Zyrtec Zantac	Hydroxyzine Acyclovir Zyrtec Zantac	Hydroxyzine Acyclovir Zyrtec Zantac	Hydroxyzine Acyclovir Zyrtec Zantac	Hydroxyzine Acyclovir Zyrtec Zantac	Hydroxyzine Acyclovir Zyrtec Zantac	Hydroxyzine Acyclovir Zyrtec Zantac
PM	Acyclovir	Acyclovir	Acyclovir	Acyclovir	Acyclovir	Acyclovir	Acyclovir	Acyclovir	Acyclovir

Hydroxyzine (for rash/itching) and Demerol (for body aches/headaches) can be taken every 6 hours on any of the infusion days as needed

Bring your bottle of Demerol/Ibuprofen with you to your infusion appointment each day in case you need to take it

AFTER LEMTRADA INFUSIONS ARE COMPLETED

- Continue to take Acyclovir twice daily until instructed to stop by your doctor (you might be taking this medication for 2-6 months)
- Continue to take the Zyrtec and Zantac daily until all of your tablets are done (no need to continue to take these medications after 30-days)
- Call your doctor if you develop any unusual symptoms (rash/difficulty breathing/change in urine/unusual bleeding or brusing)
- Have your monthly blood samples drawn and urine specimen collected