

Alemtuzumab (Lemtrada®) Infusion Therapy Plan Orders

Page 1 of 3

Name: _____

Kaiser Permanente Member I.D.# _____

Date of Birth _____

Instructions to Provider

Review orders and note any changes. All orders with will be placed unless otherwise noted. Please fax completed order form to the infusion center where the patient will be receiving treatment (see fax numbers on page 3). Lab orders are not included on this form – place orders via usual method. Lab monitoring is the responsibility of the ordering physician.

Please complete all of the following:

Pre-Service Authorization has been obtained by Kaiser Permanente
Fax: 1-888-282-2685 **Voice:** 1-800-289-1363

Order Date: _____ Weight: _____ kg	Diagnosis: ICD-10 code (<i>REQUIRED</i>): _____ ICD-10 description _____
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General Plan Communication

- Special instructions/notes: _____

Provider Information

- Lemtrada® is available only through the Lemtrada REMS Program to prescribers, infusion centers, and pharmacies registered through the program.
- Lemtrada® can only be prescribed to patients who are enrolled in and meet all the requirements of the program. Contact the Lemtrada REMS Program at 1-855-676-6326 for details and enrollment or online at www.lemtradarems.com.
- Lemtrada® is contraindicated in patients who are infected with Human Immunodeficiency Virus (HIV) because Lemtrada causes prolonged reductions of CD4+ lymphocyte counts.
- Female patients should use birth control while receiving Lemtrada and for 4 months after course of treatment.
- Consider screening patients at high risk of HBV and/or HCV infection before initiation of alemtuzumab and exercise caution in prescribing alemtuzumab to patients identified as carriers of HBV and/or HCV as these patients may be at risk of irreversible liver damage relative to a potential virus reactivation as a consequence of their pre-existing status.
- Ensure baseline PPD or quantiFERON-TB assay for latent TB.
- Patient requires baseline labs prior to initial treatment: CBC w/ differential, serum creatinine, urinalysis with urine cell counts, TSH.
- Order and review follow-up labs per the following schedule:
 - Monthly: CBC w/ differential, serum creatinine, urinalysis with urine cell counts
 - Every 3 months: TSH
- Ensure all immunizations complete at least 6 weeks prior to treatment.
- Patients should not be immunized with live, viral vaccines.
- Conduct baseline and yearly skin exams to monitor for melanoma during or recently after treatment.
- Provide the patient with: [What You Need to Know about Lemtrada Treatment: A Patient Guide](#).

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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Infusion Therapy

Alemtuzumab (Lemtrada®) in 0.9% sodium chloride 100 mL IV infusion

Dose: 12 mg

Route: Intravenous

First course frequency: Daily for 5 consecutive days

Second course frequency: Daily for 3 consecutive days given 12 months after first course

Infuse over: 4 hours

If infusion-related reaction:

1) STOP infusion immediately; 2) Increase primary infusion to wide open rate; 3) Administer PRN medications per hypersensitivity protocol; 4) Notify MD

Note any changes to above regimen: _____

Pre-Meds

methylPREDNISolone sodium succinate (SOLU-MEDROL) in 0.9% sodium chloride 100 mL IV infusion

Dose: 1000 mg *Route:* IV

Frequency: Immediately prior to alemtuzumab infusion for the first 3 days of each treatment course.

Infuse over: 60 minutes

acetaminophen (TYLENOL) tablet

Dose: 650 mg *Route:* Oral *Frequency:* Once, 30 minutes prior to alemtuzumab infusion.

May also be given once as needed during infusion for achiness, headache, or fever.

cetirizine (ZYRTEC) tablet

Dose: 10 mg *Route:* Oral *Frequency:* Once, at least 30 minutes prior to alemtuzumab infusion.

ranitidine (ZANTAC) tablet

Dose: 150 mg *Route:* Oral *Frequency:* Once, 30 minutes prior to alemtuzumab infusion.

Other: _____

Dose: _____ *Route:* _____ *Frequency:* _____

IV Line Care

0.9% sodium chloride infusion 250 mL

Rate: 30 mL/hr *Route:* Intravenous *Frequency:* Run continuously to keep vein open

Start peripheral IV if no central line.

heparin flush 100 unit/mL

Dose: 500 units *Route:* Intracatheter *Frequency:* PRN for IV line care per Nursing Policy.

Infusion Reaction Meds

albuterol (ACCUNEB) nebulizer solution

Dose: 2.5 mg *Route:* Nebulization *Frequency:* PRN for shortness of breath/wheezing

diphenhydramine (BENADRYL) injectable

Dose: 25 mg *Route:* Intravenous

Frequency: Once PRN, May repeat x1 for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved.

EPINEPHrine (EpiPen) 0.3 mg/0.3 mL IM Auto-Injector

Dose: 0.3 mg *Route:* Intramuscular *Frequency:* Once PRN for anaphylaxis. Inject into lateral thigh and hold for 10 seconds. Massage the injected area. Use for patients weighing greater than 27.3 kg (60 lbs). Use amp and 1.5 inch needle for patients with BMI greater than 30. Notify physician if administered.

hydrocortisone sodium succinate (SOLU-CORTEF) injectable

Dose: 100 mg *Route:* Intravenous *Frequency:* Once PRN for hypersensitivity

Provider Signature: _____ **Date:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

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Outpatient Medications

- Acyclovir (ZOVIRAX) tablet
Dose: 800 mg Route: oral Frequency: twice daily for herpes prophylaxis

Lab Review for Nursing

- Ensure baseline labs have been drawn within 30 days of initial treatment: CBC w/ differential, serum creatinine, urinalysis with urine cell counts, TSH

Nursing Orders

- Provide the patient with [What You Need to Know about Lemtrada Treatment and Infusion Reactions: A Patient Guide](#) prior to administering alemtuzumab.
- Assess the patient 15 minutes after the infusion begins and as needed if patient is experiencing infusion reaction symptoms. Patient should be observed for 2 hours after the infusion.
- Monitor vital signs 15 minutes and 2 hours after the infusion begins and as needed throughout the infusion. Vital signs should be evaluated prior to discharging the patient from the unit.
- Discontinue IV line when therapy complete and patient stabilized.
- Complete a Lemtrada REMS Infusion Checklist by the last day of each treatment course.

References

- Lemtrada® Prescribing Information. Issued November 2014.
- Lemtrada® REMS Program: www.lemtradarems.com

Kaiser Permanente Infusion Locations

Bellevue Medical Center

11511 NE 10th St, Bellevue, WA 98004

Fax: 425-502-3512 Phone: 425-502-3510

Capitol Hill Medical Center

201 16th Ave E, Seattle WA 98112

Fax: 206-326-2104 Phone: 206-326-3109

Everett Medical Center

2930 Maple St, Everett, WA 98201

Fax: 425-261-1578 Phone: 425-261-1566

Riverfront Medical Center – Spokane

W 322 North River Drive, Spokane, WA 99201

Fax: 509-324-7168 Phone: 509-241-2073

Silverdale Medical Center

10452 Silverdale Way NW, Silverdale, WA 98383

Fax: 360-307-7493 Phone: 360-307-7444

Tacoma Medical Center

209 Martin Luther King Jr Way, Tacoma, WA 98405

Fax: 253-383-6262 Phone: 253-596-3666

Olympia Medical Center

700 Lily Road N.E., Olympia, WA 98506

Fax: 360-923-7106 Phone: 360-923-7164

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____