

Alemtuzumab (Lemtrada®)

Along with this order form, please include the following: Demographics, Insurance Information, Lab Results, Current Medications, and Recent Visit Notes. ArrIVe Infusion will obtain any necessary medication authorizations for patients receiving infusion therapies.

Order Date: ____/____/____

Referral Status: ☐ New Referral ☐ Dose or Frequency Change ☐ Renewal

Patient Name: _____ Patient Address: _____ Patient Phone Number: _____ Date of Birth: ____/____/____ Weight: ____kg Height: ____cm Allergies: _____	Primary Insurance: _____ Member ID: _____ Secondary Insurance: _____ Member ID: _____
Diagnosis <input type="checkbox"/> Multiple sclerosis (G35) <input type="checkbox"/> Other Diagnosis Code (ICD-10): _____ <input type="checkbox"/> Other Indication: _____ Target start date: _____	Labs (within 30 days of infusion) <input type="checkbox"/> CBC with diff <input type="checkbox"/> BMP <input type="checkbox"/> UA with cell counts <input type="checkbox"/> Thyroid panel <input type="checkbox"/> Other: _____
Patient has been pre-screened and is NEGATIVE for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> TB <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> HPV <input type="checkbox"/> HIV </div>	
Alemtuzumab (Lemtrada) 12 mg/1.2 mL in 100 mL of 0.9% sodium chloride IVPB over 4 hours First treatment course: <input type="checkbox"/> 12 mg daily for 5 consecutive days <input type="checkbox"/> Other: _____ Second treatment course: 12 months after previous dose <input type="checkbox"/> 12 mg daily for 3 consecutive days <input type="checkbox"/> Other: _____	
Pre-Medications and Pre-Protocol (ordered at physician discretion)	<div style="display: flex;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> Acetaminophen 650 mg PO once <input type="checkbox"/> Loratadine 10 mg PO once <input checked="" type="checkbox"/> Diphenhydramine once <div style="margin-left: 20px;"><input checked="" type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg</div> <div style="margin-left: 20px;"><input type="checkbox"/> PO <input checked="" type="checkbox"/> IV</div> <input type="checkbox"/> Famotidine 20 mg IV once <input type="checkbox"/> Hydrocortisone 100 mg IV once <input type="checkbox"/> Methylprednisolone 125 mg IVP once <input checked="" type="checkbox"/> Methylprednisolone 1000 mg IVP once <input type="checkbox"/> Other: _____ </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> Hydration <input type="checkbox"/> LR <input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> Other: _____ <div style="display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;"></div> mL at <div style="flex: 1; border-bottom: 1px solid black; margin-right: 10px;"></div> mL/hr <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> Following </div> </div> </div> </div>

Flushing Protocol (pre and post medication)	<input type="checkbox"/> Sodium Chloride 0.9% <input type="checkbox"/> 5 mL <input type="checkbox"/> 10 mL as needed for line care	<input type="checkbox"/> Heparin _____ Units/mL _____ mL as needed for line care
Hypersensitivity Panel Together Care Hypersensitivity Panel will be ordered to provide emergency supportive care medication therapy as necessary	<ul style="list-style-type: none"> • Sodium chloride 0.9% bolus 500 mL once as needed for hypotensive management (SBP <90mmHg) • Acetaminophen 650 mg once as needed for temperature GREATER than 38 C (100.4 F), headaches, generalized pain, back pain, abdominal cramping • Albuterol 2.5 mg /3 mL (0.083%) nebulizer solution 2.5 mg, nebulize every 10 min PRN, hypoxemia, bronchospasm, wheezing, dyspnea, for 2 doses • Albuterol HFA inhaler 2 puffs q4hs as needed for hypoxemia, bronchospasm, wheezing, dyspnea • Epinephrine injection 0.3 mg IM every 15 minutes as needed for SBP less than 90mmHg, mild to moderate anaphylaxis for 3 doses • Famotidine injection 20 mg IV over 2 minutes once as needed for severe hypersensitivity/infusion reaction including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Diphenhydramine injection 25 mg IV over 1 minute once as needed, moderate hypersensitivity/infusion reaction (grade 2) including temperature greater than 100.5, rigors, localized rash/hives, vomiting, nausea, pruritis, flushing, dizziness, back pain, abdominal cramping, uneasiness, agitation, feeling of impending doom • Diphenhydramine injection 50 mg IV over 1 minute once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure • Hydrocortisone sodium succinate injection 100 mg IV once as needed for severe hypersensitivity/infusion reaction (grade 3), including systolic BP 80-90 mmHg, bradycardia or tachycardia, hypoxemia, dyspnea, cognitive changes, generalized rash, chest pain/pressure 	
Provider Name: _____ Provider Signature: _____ Attending Physician Name: _____ Provider NPI: _____ Office Phone Number: _____ Office Fax Number: _____ (If ordering provider is an advanced practice practitioner) Note: This order is valid for 12 months from date of physician signature.		