Alemtuzumab (Lemtrada®)
Infusion Therapy Plan Orders
Page 1 of 3

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 page 2).
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

<table>
<thead>
<tr>
<th>Order Date: _______________</th>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight: ___________ kg</td>
<td>ICD-10 code (REQUIRED): ____________________________</td>
</tr>
<tr>
<td></td>
<td>ICD-10 description: __________________________________________________</td>
</tr>
</tbody>
</table>

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
- 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
- Conduct baseline and yearly skin exams to monitor for melanoma
- Patients should complete any necessary immunizations at least 6 weeks prior to treatment.
- Provide the patient with: What You Need to Know about Lemtrada Treatment: A Patient Guide

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; start after methylprednisolone infusion

  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.

Provider Signature: __________________________ Date: __________________
Printed Name: __________________________________________ Phone: __________ Fax: __________
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Provider Signature: _____________________ _____________________ Date: _______________
Printed Name: ______________________________________ Phone: ___________ Fax: ___________

Revision Date: 2/4/2017 Kaiser Permanente <Reference#115120>

- 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.
- ondansetron (ZOFRAN) tablet
  Dose: 8 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 (PROVENTIL) nebulizer solution 0.083%
  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, pruritis, shortness of breath. May repeat in 15 minutes if symptoms not resolved.
- EPINEPhrine 1 mg/mL (1:1000) injectable
  Dose: 0.3 mg  Route: Intramuscular  Frequency: Once PRN for anaphylaxis. Notify physician if administered.
- hydrocortisone sodium succinate (SOLU-CORTEF) injectable
  Dose: 100 mg  Route: Intravenous  Frequency: Once PRN for hypersensitivity

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.lemtrakarems.com

Kaiser Permanente Infusion Locations

Bellevue Medical Center
11511 NE 10th St, Bellevue, WA 98004
10452 Silverdale Way NW, Silverdale, WA 98383
Fax: 425-502-3512  Phone: 425-502-3510
Fax: 360-307-7493  Phone: 360-307-7444

Capitol Hill Medical Center
201 16th Ave E, Seattle WA 98112
209 Martin Luther King Jr Way, Tacoma, WA 98405
Fax: 206-326-2104  Phone: 206-326-3109
Fax: 253-383-6262  Phone: 253-596-3666

Provider Signature: _____________________ Date: _______________
Printed Name: ______________________________________ Phone: ___________ Fax: ___________

Kaiser Permanente Member I.D. # ________________________ Date of Birth ____________________________
Alemtuzumab (Lemtrada®)  
Infusion Therapy Plan Orders  
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<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Fax</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everett Medical Center</td>
<td>2930 Maple St, Everett, WA 98201</td>
<td>425-261-1659</td>
<td>425-261-1681</td>
</tr>
<tr>
<td>Riverfront Medical Center – Spokane</td>
<td>W 322 North River Drive, Spokane, WA 99201</td>
<td>509-324-7168</td>
<td>509-241-2073</td>
</tr>
<tr>
<td>Olympia Medical Center</td>
<td>700 Lily Road N.E., Olympia, WA 98506</td>
<td>360-923-7106</td>
<td>360-923-7164</td>
</tr>
</tbody>
</table>

Kaiser Permanente Member I.D. # _____________________  
Name: ___________________________________________  
Date of Birth _____________________________________  
Kaiser Permanente  
Reference #115120

Provider Signature: _______________________________  
Printed Name: ________________________________  
Phone: ______________  Fax: ____________________

Revision Date: 2/4/2017 Kaiser Permanente  
<Reference#115120>