### Alemtuzumab (Lemtrada®)
**Infusion Therapy Plan Orders**

**Page 1 of 3**

**Provider Signature:** ____________________________________________  **Date:** _______________

**Printed Name:** ______________________________________  **Phone:** ___________  **Fax:** ___________

**Revision Date:** 1/24/2018  Kaiser Permanente  <Reference#115120>

### 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

<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](http://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:** ___________
Alemtuzumab (Lemtrada®)
Infusion Therapy Plan Orders

Page 2 of 3

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, pruritis, 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. 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: ___________
Outpatient Medications

- Acyclovir (ZOYVIRAX) 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.lemtrada.rems.com](http://www.lemtrada.rems.com)

Kaiser Permanente Infusion Locations

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellevue Medical Center</td>
<td>11511 NE 10th St, Bellevue, WA 98004</td>
<td>425-502-3510</td>
<td>425-502-3512</td>
</tr>
<tr>
<td>Capitol Hill Medical Center</td>
<td>201 16th Ave E, Seattle WA 98112</td>
<td>206-326-2104</td>
<td>206-326-3109</td>
</tr>
<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>Silverdale Medical Center</td>
<td>10452 Silverdale Way NW, Silverdale, WA 98383</td>
<td>360-307-7439</td>
<td>360-307-7444</td>
</tr>
<tr>
<td>Tacoma Medical Center</td>
<td>209 Martin Luther King Jr Way, Tacoma, WA 98405</td>
<td>253-383-6262</td>
<td>253-596-3666</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>