

LEMTRADA® POLICY & PROCEDURE

- Patient will be provided, by ordering physician's agent, with educational information regarding LEMTRADA® including risks and benefits. Questions and concerns will be addressed by Prescriber.
- Complete the following forms:
 1. LEMTRADA® REMS Patient Enrollment Form – MUST be signed by PATIENT and PRESCRIBER.

(IF OUTSIDE REFERRAL, PLEASE NOTE INFUSION CENTER INFORMATION AS:

Kane Hall Barry Infusion, 1305 Airport Freeway, Suite 205, Bedford, TX 76021;
Phone 817-553-1325 x 209; Fax 817-553-1393)

2. LEMTRADA® Prescription Ordering Form – MUST be signed by PRESCRIBER
 3. LEMTRADA® Services Form – MUST be signed by PATIENT
- FAX forms to MS One to One, LEMTRADA® REMS Program, 855-557-2478
OUTSIDE REFERRAL, PLEASE FAX COPIES TO KANE HALL BARRY INFUSION 817-533-1393 ALONG WITH:
 1. PATIENT DEMOGRAPHICS
 2. COPY OF INSURANCE CARDS (FRONT & BACK)
 3. HPI/CLINICAL DOCUMENTATION/PROGRESS NOTES, LABS AND MRI RESULTS TO SUPPORT PRIMARY DIAGNOSIS – ICD-10.
 - If no current lab results for HIV and JCV, send patient for lab testing. Hepatitis and TB testing will be left to the discretion of the ordering prescriber.
 - Prescriber will schedule patient for a baseline skin mapping (will also require follow-up at 12 months).
 - Labs to be done **within 30 days of infusion**: TSH, CBC w/differential, Serum Creatinine, Urinalysis with urine cell counts, Lymph Subset panel to include CD4+ counts (All of these labs will be covered through Genzyme. Please complete Genzyme designated account Lab Request.)
 - Patient may undergo a washout of current medication regimen, per discretion of ordering Prescriber.
 - **Recommended premedication** orders upon the discretion of the ordering prescriber:
 - Zantac® (ranitidine) 150mg orally every AM times 16 days. Begin 2 days prior to first dose of LEMTRADA®.
 - OR**
 - Pepcid® (famotidine) 40mg orally every AM times 16 days. Begin 2 days prior to first dose of LEMTRADA®.
 - Zyrtec® (cetirizine) 10mg orally every AM times 16 days. Begin 2 days prior to first dose of LEMTRADA®.
 - Atarax® (hydroxyzine) 50mg orally every AM times 16 days. Begin 2 days prior to first dose of LEMTRADA®.
 - Valtrex® (valacyclovir hydrochloride) 1Gm orally every day times 60 days. Begin the first day of LEMTRADA®.
 - OR**
 - Zovirax® (acyclovir) 400mg orally twice daily times 60 days. Begin the first day of LEMTRADA®.

For childbearing age females perform a pregnancy test at the Infusion Center and confirm negative results on the first day of the scheduled LEMTRADA® infusion. **IF test results are positive DO NOT INFUSE LEMTRADA® AND CONTACT ORDERING PHYSICIAN.**

First Name: _____ Last Name: _____ DOB: _____

Allergies: _____

• **LEMTRADA® (alemtuzumab) Orders:**

1. Confirm patient has taken oral premedication as directed by physician and note time taken.
 - Zantac® (ranitidine) **OR** Pepcid® (famotidine)
 - Zyrtec® (cetirizine)
 - Atarax® (hydroxyzine)
 - Valtrex® (valacyclovir) **OR** Zovirax® (acyclovir)
2. Start Peripheral IV Saline lock and secure with transparent dressing.
3. Flush IV line with 3ml to 10ml 0.9% Sodium Chloride before and after IV medication administration.
4. **Administer:**
 - 0.9% Sodium Chloride 1000ml IV as primary line at KVO daily times with Lemtrada
 - Premed with Tylenol® (acetaminophen) 1000mg orally. Alternate Tylenol® (acetaminophen) 1000mg orally with Motrin® (ibuprofen) 400mg orally every 8 hours, as needed for fever or aches.
 - SoluMedrol 1Gm/100ml 0.9% Sodium Chloride IVPB over 30 minutes prior to LEMTRADA® Infusion x first 3 days of therapy.
 - SoluMedrol 500mg/100ml 0.9% Sodium Chloride IVPB over 30 minutes prior to LEMTRADA® Infusion x last 2 days of therapy.
 - Premed with Diphenhydramine 25mg slow IV push over at least 2 minutes. May give up to 100mg of Diphenhydramine every 8 hours as needed for itching/adverse reactions.
 - First year** - LEMTRADA® (alemtuzumab) 12mg/1.2ml in 100ml 0.9% Sodium Chloride IVPB over 4 hours daily times 5 days. **-OR-**
 - Second year** - LEMTRADA® (alemtuzumab) 12mg/1.2ml in 100ml 0.9% Sodium Chloride IVPB over 4 hours daily times 3 days.
 - At completion of LEMTRADA® (alemtuzumab), during 2 hour observation period, flush line with 24ml normal saline then increase 0.9% Sodium Chloride primary line to 250cc/hour times 1 hour to promote hydration.
 - Toradol® (ketorolac tromethamine) 30mg IVP as needed every 8 hours for mild pain/headaches.
 - If nausea develops at any time during the course of the infusion therapy, may give Zofran® (ondansetron) 4mg slow IV push over 2 minutes as needed every 6 hours. If Zofran is unsuccessful, may give Phenergan (promethazine) 12.5mg IV over 15 minutes as needed every 6 hours for nausea.
 - Flush IV line with 10ml 0.9% Sodium Chloride upon completion of IV therapy followed by 3ml Heparin 10units/ml.
5. Assess patient's vital signs and response at baseline then beginning with LEMTRADA® (alemtuzumab) infusion monitor every 15 minutes x 1 hour, then every 30 minutes until all infusions completed.
6. May utilize IV site for 5 days as long as patent and viable. Re-site IV if site loses patency or becomes infiltrated.
7. DC IV upon completion of last day of therapy.

ORDERING PROVIDER INFORMATION

Name: _____

Address: _____

CONTACT INFORMATION

Name _____

Phone () _____ - _____

Fax () _____ - _____

Prescriber Signature: _____

Date: _____