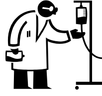

Infusion Associates
3230 Eagle Park NE, Suite 101
Grand Rapids, MI 49525
Phone: 616-954-0600 Fax: 616-954-1675

Lemtrada (alemtuzumab) Infusion

Please fax a copy of patient's Demographics, Insurance information, Current Lab Results, H&P, Current Medications, Letter of Medical Necessity and BIF

Date: _____/_____/_____

Patient Name: ____ **DOB**: _____/_____/_____

Allergies: ______________________________ **Patient Weight:** _________lbs / kg **Height:**_________

Diagnosis:_______________**Diagnosis Codes ICD-10 :** __________________, ____________________.

Pre-Infusion Screening (to be completed by referring provider, please attach results):

1. The following labs were collected within 30 days of infusion:
   ☐ CBC ☐ BMP ☐ UA with cell counts ☐ Thyroid panel
2. Patient has been pre-screened and NEGATIVE for:
   ☐ TB ☐ Hepatitis B ☐ Hepatitis C ☐ HPV ☐ HIV
3. Patient prescribed acyclovir (or equivalent) for herpes prophylaxis?
   ☐ Yes, date prescribed: _________________________
4. Baseline Skin exam:
   ☐ Yes, date performed: _________________________
5. All necessary immunizations must be completed at least 6 weeks prior to initiation of treatment.
   ☐ Yes
6. Patient prescribed H1 and H2 blockers daily for 3 days prior to the infusion and on morning of infusion:
   ☐ Cetirizine 10 mg OR loratadine 10 mg daily
   AND
   ☐ Ranitidine 150 mg PO bid OR famotidine 20 mg PO bid
7. Patient has been prescribed an anti-emetic (ondansetron or promethazine) to be used as needed during their infusion and at home?
   ☐ Yes, date prescribed: _________________________
8. If patient is female of child-bearing age, does the patient have a contraceptive plan?
   ☐ Yes, please explain: _________________________

☐ Alemtuzumab first treatment course

12 g IV daily for 5 consecutive days (60 mg total)

- Premedicate with methylprednisolone IV 1000mg for days 1-3 and 250mg for days 4-5, Acetaminophen 650 mg PO and diphenhydramine 25 mg PO.
- Infuse per Infusion Associates Alemtuzumab infusion protocol

☐ Alemtuzumab second treatment course

12 g IV daily for 3 consecutive days (36 mg total)

- Premedicate with 1000 mg methylprednisolone IV, Acetaminophen 650 mg PO and diphenhydramine 25 mg PO.
- Infuse per Infusion Associates Alemtuzumab infusion protocol

Signature below indicates all the above screening information is current and correct.

Printed Provider's Name: ____

Provider's Signature:____

Office phone number:___________________________________ **Office Fax:**______________________________