



Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_ ID# \_\_\_\_\_

Weight \_\_\_\_\_ Date \_\_\_\_\_

## Alemtuzumab (LEMTRADA)

Diagnosis: (ICD-10 code) \_\_\_\_\_ - Description \_\_\_\_\_

### For Provider

- Lemtrada is available through the REMS Program to prescribers, infusion centers, and pharmacies registered through the program
- Patients must be enrolled in and meet all the requirements of the program. Contact REMS Program at 1-855-676-6326
- PPD Test: **Y** or **N**
- CMP: Monthly
- TSH: Every 3 months
- Monitor for Melanoma

### Outpatient Medications

**Acyclovir (ZOVIRAX) tablet**

**Dose:** 800 mg orally twice daily for herpes prophylaxis

### Infusion Medication

**Alemtuzumab (Lemtrada) in 0.9 % sodium chloride 100 mL IV infusion**

**Dose:** 12 mg

**Route:** IV over 4 hours

**Frequency:** Daily for 5 consecutive days, THEN daily for 3 consecutive days given 12 months after first course

### Pre-Meds

(Please Circle)

Start methylprednisolone infusion **FIRST**

**Methylprednisolone sodium succinate (SOLU-MEDROL) in 0.9% sodium chloride 100 mL IV Infusion**

**Dose:** 1000 mg

IV over 60 minutes for the first 3 days of each treatment course

**Ranitidine (ZANTAC) tablet**

**Dose:** 150 mg, 30 minutes prior to infusion

**Labs**

**Additional Orders**

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Printed**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_