

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LYALEM (Page 1 of 2)

Physician must apply for patient-specific supply at least 1 week prior to scheduled treatment via the Clinigen MabCampath Distribution Program by email at medicineaccess@clinigengroup.com

1	'S ORDERS		Ht	cm	Wt	kg	BSA	m²
	ease ensure drug a							& Alert Form
DATE:		To be give		-		Cycle #:		
Date of Previo	us Cycle:							
□ Delay treatment week(s) □ CBC & Diff, Platelets on day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 25 x 10°/L, Platelets greater than or equal to 25 x 10°/L Dose modification for: □ Hematology □ Other Toxicity: Proceed with treatment based on blood work from □								
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm								
diphenhydrAMINE 50 mg PO prior to treatment acetaminophen 650 mg PO prior to treatment predniSONE 10 mg PO 15 to 30 minutes prior to alemtuzumab for the first two weeks. □ Other:								
	Have	Hypersensit	livity Read	ction Tray	and Prot	ocol Avai	lable	
TREATMENT:								
Monday: Wednesday: Friday:	alemtuzumab alemtuzumab alemtuzumab	•	/ 30 mg (c	ircle one) ii	ո 100 mL	NS IV ove	2 houi	rs
Administer weekly for weeks (maximum 4 weeks). Note: 1 cycle = 1 week								
Observe patient and take vital signs immediately before start of infusion and every 30 minutes during infusion. Observe patient for 1 hour after dose and take vital signs every 30 minutes. If flushing, dyspnea, rash, pruritus, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.								
OR								
Monday: Wednesday: Friday:	alemtuzumab alemtuzumab alemtuzumab	3 mg / 10 mg	/ 30 mg (c	circle one) S	C			
Administer weekly for weeks (maximum 4 weeks). Note: 1 cycle = 1 week								
Take vital signs immediately before injection. Observe patient and take vital signs every 30 minutes for 1 hour after the dose until at least 3 doses at the highest level being given have been monitored. After that, monitoring may be discontinued.								
DOCTOR'S S	IGNATURE:							GIGNATURE: JC:



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DATE:								
RETURN APPOINTMENT ORDERS								
Return in <u>one</u> week for Doctor and Cycle Book chemo Monday, Wednesday and Friday for 1 cycle.								
Return in <u>two</u> weeks for Doctor and Cycles and Book chemo Monday, Wednesday and Friday for 2 cycles.								
Return in three weeks for Doctor and Cycles ,, and Book chemo Monday, Wednesday and Friday for 3 cycles.								
Return in <u>four</u> weeks for Doctor and <u>Cycles</u> ,, and Book chemo Monday, Wednesday and Friday for 4 cycles.								
Last Cycle. Return in week(s).								
Weekly each Monday: CBC & Diff, Platelets, CMV-DNA by PCR								
☐ Other tests:								
☐ Consults:								
☐ See general orders sheet for additional requests.								
DOCTOR'S SIGNATURE:	SIGNATURE:							
	uc							