



Provincial Health Services Authority

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

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- **Alemtuzumab ceased to be commercially available in 2012. 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**

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

To be given:

Cycle #:

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ CBC & Diff on day of treatment

May proceed with doses as written if within 24 hours **ANC greater than or equal to 0.25 x 10⁹/L, Platelets greater than or equal to 25 x 10⁹/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 Hypersensitivity Reaction Tray and Protocol Available

TREATMENT:

Monday: alemtuzumab 3 mg / 10 mg / 30 mg (circle one) in 100 mL NS IV over 2 hours

Wednesday: alemtuzumab 3 mg / 10 mg / 30 mg (circle one) in 100 mL NS IV over 2 hours

Friday: alemtuzumab 3 mg / 10 mg / 30 mg (circle one) in 100 mL NS IV over 2 hours

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: alemtuzumab 3 mg / 10 mg / 30 mg (circle one) SC

Wednesday: alemtuzumab 3 mg / 10 mg / 30 mg (circle one) SC

Friday: alemtuzumab 3 mg / 10 mg / 30 mg (circle one) SC

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 SIGNATURE:

SIGNATURE:

UC:



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DATE:

RETURN APPOINTMENT ORDERS

- ☐ Return in **one** week for Doctor and **Cycle** _____. Book chemo Monday, Wednesday and Friday for 1 cycle.
- ☐ Return in **two** 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 **four** weeks for Doctor and **Cycles** _____, _____, _____ and _____. Book chemo Monday, Wednesday and Friday for 4 cycles.
- ☐ Last Cycle. Return in _____ week(s).

Weekly each Monday: CBC & Diff, CMV-DNA by PCR

If clinically indicated:

- ☐ **ALT**
- ☐ **HBV viral load**
- ☐ **Other tests:**
- ☐ **Consults:**
- ☐ See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC