

Oncology ENROLLMENT FORM

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Patient Name: _____ DOB: ____ / ____ / ____ Height: _____ Weight: _____ kg Date: ____ / ____ / ____
 Allergies: _____ Email: _____ Ship to: _____
 Address: _____ Ph: _____ Patient
 Prescriber: _____ Ph: _____ Fax: _____ MD Office
 Althea Location: _____

DOCUMENTS TO INCLUDE WITH REFERRAL

- Patient demographics
- Face sheet
- Insurance information
- **Labs:** ACBC with differential, viral screening (Hepatitis B & C, HIV), bone marrow biopsy/pathology report
- H&P
- Medications and therapies tried and failed
- Baseline assessment, including detailed patient symptoms
- Attach original prescription orders

DIAGNOSIS

C91.00 – Acute Lymphoblastic Leukemia (ALL), not in remission
 C91.01 – Acute Lymphoblastic Leukemia (ALL), in remission
 C83.10 – Mantle Cell Lymphoma
 C83.30 – Diffuse Large B-cell Lymphoma (DLBCL)
 C82.90 – Follicular Lymphoma, unspecified
 C34.90 – Non-Small Cell Lung Cancer (NSCLC), unspecified
 C43.9 – Melanoma, unspecified
 C53.9 – Cervical Cancer, unspecified
 C15.9 – Esophageal Cancer, unspecified
 C67.9 – Bladder Cancer, unspecified
 Other _____

IMMUNE GLOBULIN PRESCRIPTION (IVIG)

Loading Dose: _____ grams/kg infused over _____ day(s)
 _____ grams daily for _____ day(s)
Maintenance: _____ grams/kg infused over _____ day(s)
 _____ grams daily for _____ day(s)
 Repeat course every _____ week(s) refill x 1 year

SUBCUTANEOUS IMMUNE GLOBULIN PRESCRIPTION (SCIG):

SCIG _____ grams monthly **OR** _____ grams every _____ weeks.
 Refill x 1 year. Pharmacy to select number of infusion sites and needle length.

Multiple doses will be administered on consecutive days unless ordered otherwise. **Non-consecutive days OK**

Brand Name: _____

OK to round to the nearest vial size +/- 4 days to allow scheduling flexibility.

ASTHMA/IMMUNOLOGY PRESCRIPTION

DOSAGE AND ADMINISTRATION

Yescarta® (axicabtagene ciloleucel)	Target dose: 2×10^6 CAR-positive viable T cells/kg (maximum 2×10^8 cells). Premedication: Acetaminophen 650 mg PO and diphenhydramine 12.5 mg IV or PO approx. 1 hour before infusion Administer following lymphodepleting chemotherapy regimen
Blinicyto® (blinatumomab)	Cycle 1: 9 mcg/day IV continuous infusion (Days 1–7), then 28 mcg/day IV continuous infusion (Days 8–28) Subsequent: 28 mcg/day IV continuous infusion for 28 days: Interval: Each cycle followed by a 14-day treatment-free interval
Tecartus® (brexucabtagene autoleucel)	Dose for MCL: Single IV infusion: Target dose of 2×10^6 CAR-positive viable T cells/kg (maximum 2×10^8 cells) Dose for ALL: Single IV infusion: Target dose of 1×10^6 CAR-positive viable T cells/kg (maximum 1×10^8 cells) Premedicate with acetaminophen and diphenhydramine 30–60 minutes prior to infusion; Administer following lymphodepleting chemotherapy
Kymriah® (tisagenlecleucel)	Dose (ALL): ≤ 50 kg: 0.2 to 5.0×10^6 CAR-positive viable T cells/kg > 50 kg: 0.1 to 2.5×10^8 CAR-positive viable T cells Dose (DLBCL, Follicular Lymphoma): Single IV infusion 0.6 to 6.0×10^8 CAR-positive viable T cells
Keytruda® (pembrolizumab)	Dose: 200 mg IV every 3 weeks or 400 mg IV every 6 weeks Administration: Infuse over 30 minutes
Other	_____

PREMEDICATION ORDERS/OTHER MEDICATIONS

Flush Protocol - Flushing per S.A.S.H. protocol (Saline, Administer medication, Saline, Heparin) specific volumes and concentrations based on patient's line type.

Premedications & Other Medications - Infusion supplies as per protocol. Anaphylaxis Kit orders as per protocol.

Acetaminophen _____ mg PO prior to infusion Diphenhydramine _____ mg PO Other: _____