

# ONCOLOGY ENROLLMENT FORM

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\* Patient Name: \_\_\_\_\_ DOB: / / Height: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Date: / /  
 Allergies: \_\_\_\_\_ Email: \_\_\_\_\_ Ship to: Patient  
 Address: \_\_\_\_\_ Ph: \_\_\_\_\_ \* Prescriber Signature MD Office  
 \* Prescriber: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Althea Location: \_\_\_\_\_

## DOCUMENTS TO INCLUDE WITH REFERRAL DIAGNOSIS

- Patient demographics
- ★ • Copies of Insurance card (front and back)
- ★ • Pharmacy card
- ★ • **Labs:** ACBC with differential, viral screening (Hepatitis B & C, HIV), bone marrow biopsy/pathology report
- ★ • Specialist consults and recent progress notes
- Prior medications and therapies (failed or inadequate response)
- Relevant imaging studies (MRI, CT, X-ray, etc.)
- Baseline functional assessment with detailed symptom history

- 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) SUBCUTANEOUS IMMUNE GLOBULIN PRESCRIPTION (SCIG):

**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

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