



# Crizanlizumab-tmca (ADAKVEO)

6955 Foothill Blvd, Suite 67A, Oakland, CA, 94605

Phone: (510) 878-9528 | Fax: (510) 969-5840 | Email: referrals@totalinfusion.com

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender:  Male  Female

Allergies: \_\_\_\_\_

### DIAGNOSIS (ICD-10 code required):

- \_\_\_\_\_ Sickle Cell Disease
- \_\_\_\_\_ Other: \_\_\_\_\_

### PROVIDER REMINDERS:

- All orders with a  will be placed unless otherwise noted

### TREATMENT CRITERIA:

Hold Crizanlizumab-tmca (ADAKVEO) if:

- Temperature **GREATER THAN** 100 degrees F
- Complains of symptoms of acute viral or bacterial illness
- Severe hypersensitivity reaction to Crizanlizumab-tmca (ADAKVEO)

Special Instruction(s):

## Premedications

- No routine premedications necessary.
- Acetaminophen (TYLENOL) 650mg PO**, Once PRN, 30 minutes prior to Crizanlizumab-tmca infusion, if patient experiences symptoms without premedications.
- Cetirizine (ZYRTEC) 10mg PO**, Once PRN, at least 30 minutes prior to Crizanlizumab-tmca infusion, if patient experiences symptoms without premedications.
- \_\_\_\_\_

## Medications

Patient Weight \_\_\_\_\_ kg (**REQUIRED**)

Infuse **Crizanlizumab-tmca (ADAKVEO)** Intravenously over 30 minutes using a non-pyrogenic infusion set with 0.2 micron inline filter.

Dose:

- 5mg/kg

Frequency:

- Induction + Maintenance: Week 0, Week 2, then every 4 weeks
- Maintenance: Every 4 weeks

- IV LINE CARE** per Nursing Policy
- INFUSION REACTION MEDICATIONS** per Standardized Procedures
- TREATMENT ORDER WEIGHT** will be utilized for the duration of the order. Patient will be weighed prior to every treatment. Prescriber will be notified of weight change greater than 10% from baseline weight.

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Office Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_