

# Crizanlizumab-tmca (Adakveo)

Provider Order Form rev. 1/03/2024

## PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_  
Patient Address: \_\_\_\_\_ Patient Email: \_\_\_\_\_  
Allergies: \_\_\_\_\_ ☐ NKDA Weight (lbs/kg): \_\_\_\_\_ Height (in/cm): \_\_\_\_\_  
Sex: ☐ M / ☐ F Date of Last Infusion: \_\_\_\_\_ Next Due Date: \_\_\_\_\_ Preferred Location: \_\_\_\_\_

## DIAGNOSIS (Please provide ICD-10 code in space provided)

Sickle Cell Disease: \_\_\_\_\_

## THERAPY ADMINISTRATION & DOSING

☐ Induction: Administer crizanlizumab-tmca (Adakveo)  
\_\_\_\_\_ kg x 5mg/kg = \_\_\_\_\_ mg IV over 30mins on week 0  
and week 2  
☐ Maintenance: Administer crizanlizumab-tmca (Adakveo)  
\_\_\_\_\_ kg x 5mg/kg = \_\_\_\_\_ mg IV over 30mins every 4  
weeks

## ADDITIONAL ORDERS

## PRE-MEDICATION ORDERS

☐ Tylenol ☐ 500mg / ☐ 650mg PO  
☐ Loratadine 10mg PO  
☐ Pepcid 20mg ☐ PO / ☐ IVP  
☐ Benadryl ☐ 25mg / ☐ 50mg ☐ PO / ☐ IVP  
☐ Solumedrol ☐ 40mg / ☐ 125mg IVP  
☐ Other: \_\_\_\_\_

## NURSING

☒ Drug may cause interference with automated platelet counts,  
use citrate tubes or run test as soon as possible  
☒ Provide nursing care per Nursing Procedure, including  
Hypersensitivity Reaction Management Protocol and post-  
procedure observation

## PROVIDER INFORMATION

Preferred Contact Name: \_\_\_\_\_ Preferred Contact Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

**Required Documentation:** Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications

Provider Name (print)

Provider Signature

Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.