

LEMTRADA (ALAMTUZUMAB) INFUSION ORDERS

REQUIRED INFORMATION

- This order form signed by provider
- Patient demographics & insurance information
- Clinical/Progress notes, labs, tests supporting primary diagnosis
- Required Labs: TSH, CMP, CBC, UA with cell counts prior to initiation of 1st & 2nd course
- PPD or TB Gold prior to initiation
- Patient's authorization for Lemtrada REMs Program
- Last MRI

Patient Name:	DOB:
Allergies:	Patient Phone:

Diagnosis: Multiple Sclerosis (ICD-10: _____)

J Code: J0202

Lemtrada	
Lemtrada IV dose:	<input type="checkbox"/> First Course: 12 mg/day for 5 consecutive days
	<input type="checkbox"/> Second course: 12 mg/day for 3 consecutive days 12 months after the first treatment course
	<input type="checkbox"/> Other
Protocol Pre-medications:	<input type="checkbox"/> Solu-Medrol 1 gm (days 1-3) of each course
	<input type="checkbox"/> Tylenol 1000 mg PO
	<input type="checkbox"/> Benadryl 25 mg IV
	<input type="checkbox"/> Pepcid 20 mg IV daily prior to infusion
Post-infusion hydration:	<input type="checkbox"/> _____ ml NS for _____ days

Additional Instructions:

Physician Name:	Phone:	Fax:
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Physician Signature:	Date:
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