vitalcare of SAN ANGELO

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LEMTRADA (ALAMTUZUMAB)
INFUSION ORDERS

****REQUIRED INFORMATION****

- ☐ This signed order form from the 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 and 2nd course *(Labs must be within 30 days of initiation of course)*. PPD or TB Gold prior to initiation of 1st course.
- ☐ Patient's authorization for Lemtrada REMs Program
- ☐ Last MRI

Patient Name:	**DOB:**
Allergies:	**Patient Phone:**

Diagnosis: Multiple Sclerosis (ICD-10: _____)

J Code: J0202

LEMTRADA ORDERS

☐ **Lemtrada Intravenous Dose:** ☐ First course: 12mg/day for 5 consecutive days.
☐ Second course: 12mg/day for 3 consecutive days 12 months after first treatment course.
☐ Other:_____

Protocol Pre-medication Orders: ☐ Solu-Medrol 1gm (days 1-3) of each course ☐ Tylenol 1000mg PO
☐ Benadryl 25mg IV ☐ Pepcid 20mg IV daily prior to infusion.

Post-Infusion Hydration: _____ ml NS for _____ days

Additional Instructions:

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