## **LEMTRADA®** Referral Form



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Fax Completed Form To:

**Phone:** 

Interest Hume:         Date of Birtle:         Other Different Monton           Meditors:         Cell Phone:         Week Phance           Secondary Contact:         Height:         Male           Presch Disgues & Clo 10:         Male         Fernale           Ademption:         Lick         Biology           Physician Hame:         Lick         Biology           Physician Hame:         Lick         Biology           Physician Hame:         Lick         Biology           Address:         Orgy/Statu/Tip:         Orffice Contact           Prescine Hame:         Market Hame:         Biology           Address:         Orgy/Statu/Tip:         Orffice Contact           Pree of KS:         Phone:         Face         Status Hame           Supervisory Physician If applicable:         MSC LLINICAL DETAILS         Phone:         Phone:           Pree of KS:         Phone:         Face         Market Hame:         Phone:           Cline:         Address:         Orge Happe Width If applicable:         Phone:         P	PATIENT INFORMATION								
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Home Phone         Cell Phone         Work Phone           Aller Scondary Contact.         Height         Weight:         In Male         Female           Proceedings         PROVIDER INFORMATION         PROVIDER INFORMATION         PROVIDER INFORMATION           Physicin Name:         U.c.f.         INFIE         Proceedings         Proceedings </td <td></td> <td colspan="3"></td> <td colspan="3"></td>									
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Printer Biograms & ICO-10:         PROVIDER INFORMATION           Hysiain Name:         U.k.f:         UBA f:           Practice Name:         U.K.f:         UBA f:           Address:         CUTyState/Age.         Office Contact:           Supervisory Physician (Explicable):         MS CLINICAL DETAILS         Supervisory Physician (Explicable):           Type of NS:         Intrary progressive multiple scleros/(PMR)         OPC - DiRelaping multiple scleros/(PMR)         Ambalation status::         All bits a multiple scleros/(PMR)           Probabilities Tables:         Note or more sclepace within the protocus to years:         Deve tables with cell counts, unine potein to acothine nata           Patient demospatics & front/back corpy of all insurance cells (peorcipiun & medical)         December of the rest of the protocus to years:         PLEASE ATTACH           Patient demospatics & front relaciators tread main file (with date:)         December of the rest of the protocus to years:         PLEASE ATTACH           December of the rest on the protocus to years:         December of the rest of the protocus to years:         PLEASE ATTACH           December of the rest on the protocus to years:         December on the protocus to years:         PLEASE ATTACH           December of the rest on the protocus to years:         December on the protocus to years:         December on the protocus to years:           Defense to years:         Nore of the sc			1	Weight:		1			
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Indexs:         OppState/Zpc           Office Contact:         Phone:         Fac:           Supervisory Physician (If applicable):         MS CLINICAL DETAILS           Type of NS:         Phimary progressive multiple scleosis (PMS) - OR - BRebaping multiple scleosis (RMS)           Ambulation status:         D Ale ta ambulate more than 5 meters:         Dale ta ambulate without aid or rest for at loss 100 meters.           Relapse details:         Two or more relapses within the previous two yeas:         One relapse within the previous two yeas:         Dene relapse within the previous year           PLEASE ATTACH         PUEASE ATTACH         Underset the previous year         Dene relapse within the previous two yeas:         Dene relapse within the previous year           Current meticities in the site of provide assessment, leading the detays, medication and maintain atter (with detays)         Dene access documentation / weifraction if applicable         Underset within the previous year           Nurse Orders:         Nurse Orders:         Nurse Orders:         Nurse Orders:         Dene metasy with cell counts, with eight counts on tracition in Site indicated to maintain line           Orgene:         Nurse Orders:         Nurse Orders:         Dene metasy with cell counts on the previous count as needed         Lab Date & Frequency:	Physician Name:		Lic.#:		DEA #:				
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Type of MS:         Phimary progressive multiple sclerosis (PPMS)         OR									
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□ Gurrent medication list & list of prior medications tried and failed (with dates)       □ Pregnancy test results (if applicable)         □ Line access documentation/verification if applicable       □ VUERSING & LAB ORDERS         Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.         Hush Orders: NuG0.9% -5:10m.flush pre and post infusion and as needed Heparin - □ 10untis/mL0.8□ 100untis/mL -3.5mL flush after post-infusion NS flush if indicated to maintain line Oxygen: Give 0.2 at ZL/M per nasal cannula as needed         Lab Orders:       SUPPLY ORDERS         Supply Orders: All supplies for vascular access line care, drug administration ktl(3), pump, and IV pole will be provided as necessary       PRODUCT         PRODUCT       PRESCRIPTION INFORMATION         REFILLS       Is this a first dose?       □         Vers       No If No, when was last dose given?	the world from the state								
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Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.         Flush Orders: Nar00.9% - 5-10mL flush pre and post infusion and as needed       Lab Date & Frequency:         SUPPLY ORDERS         Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary         PRODUCT       PRESCRIPTION INFORMATION         REFILLS         Is this a first dose?       Yes         No If No, when was last dose given?       When is patient due for next dose?         Acyclowic 200mg po pior to start of infusion and every 6 hours pm #25         Acyclowic 200mg po BID for a minimum of 2 months or until C04+ count is > or to 200 cells per microliter, whichever occurs later #60 Refil: #1         Cetizine 10mg po prior to start of Lemtrada infusion and doft pm       Other:         Note - If needed, Please send pain prescription to retail pharmacy       Fanotidine 20mg prior to start of alentuzumab infusion and as 1, 2 and 3 only         Normal saline 0.9% 500ml IV prior to Lemtrada infusion on days 4 and 5       Initial Course: 12mg/day IV infusion via 1 pump0R- gravity over 4 hours for 5 consecutive days         Subsequent Course: 12mg/day IV infusion via 1 pump0R- gravity over 4 hours for 5 consecutive days       Subsequent Course: 12mg/day IV infusion via 1 pump0R- gravity over 4 hours for 5 consecutive days         IEMTRADA       Ordansettor 4.8 mg in 50-100mL 0.9% NaCI W i	□ Line access docume								
Flush Orders: NaCl0.9% - 5-10mL flush pre and post infusion and as needed       Heparin - IDunits/mLOR IDUNIts/mLOR IDUNIts/mL3-5mL flush after post-infusion NS flush if indicated to maintain line         Oxygen: Give 0, 2 at 2L/M per nasal cannula as needed       Lab Date & Frequency:         SUPPLY ORDERS         Supply Orders: IDUPLY ORDERS         PRODUCT       PRESCRIPTION INFORMATION       REFILLS         Is this a first dose?       Ves       No. If No, when was last dose given?       When is patient due for next dose?         Statis a first dose?       Ves       No. If No, when was last dose given?       When is patient due for next dose?         Actaminophen 1000mg po prior to start of infusion and every 6 hours pm #25       Acydovir 200mg po BID for a minimum of 2 months or until C0++ count is > or = to 200 cells per microliter, whichever occurs later #60 Refill: #1	NURSING & LAB ORDERS								
Flush Orders: NaCl0.9% - 5-10mL flush pre and post infusion and as needed       Heparin - IDunits/mLOR IDUNIts/mLOR IDUNIts/mL3-5mL flush after post-infusion NS flush if indicated to maintain line         Oxygen: Give 0, 2 at 2L/M per nasal cannula as needed       Lab Date & Frequency:         SUPPLY ORDERS         Supply Orders: IDUPLY ORDERS         PRODUCT       PRESCRIPTION INFORMATION       REFILLS         Is this a first dose?       Ves       No. If No, when was last dose given?       When is patient due for next dose?         Statis a first dose?       Ves       No. If No, when was last dose given?       When is patient due for next dose?         Actaminophen 1000mg po prior to start of infusion and every 6 hours pm #25       Acydovir 200mg po BID for a minimum of 2 months or until C0++ count is > or = to 200 cells per microliter, whichever occurs later #60 Refill: #1									
Oxygen: Give 0, at 2L/M per nasal cannula as needed         Lab Date & Frequency:         SUPPLY ORDERS         Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary         PRODUCT       RESCRIPTION INFORMATION       REFILLS         Is this a first dose?       Yes       No       If No, when was last dose given?       When is patient due for next dose?								naintain lina	
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SUPPLY ORDERS         Supply Orders: All supplies for vascular access line care, drug administration kit(\$), pump, and IV pole will be provided as necessary         PRODUCT       REFILLS         Is this a first dose?       Yes       No If No, when was last dose given?       When is patient due for next dose?         Is this a first dose?       Yes       No If No, when was last dose given?       When is patient due for next dose?         Acyclovir 200mg po BID for a minimum of 2 months or until CD4+ count is > or = to 200 cells per microliter, whichever occurs later #60 Refill: #1	<b>Oxygen:</b> Give O <sub>2</sub> at 2L/M per nasal cannula as needed								
Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary         PRODUCT       PRESCRIPTION INFORMATION       REFILLS         Is this a first dose?       Yes       No       If No, when was last dose given?       When is patient due for next dose?	Lab Orders: Lab Date & Frequency:								
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Is this a first dose?       Yes       No If No, when was last dose given?When is patient due for next dose?	Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary								
Image: Pre Meds: Hydroxyzine HCI 50mg po prior to start of infusion and every 6 hours pm #25         Acyclovir 200mg po BID for a minimum of 2 months or until CD4+ count is > or = to 200 cells per microliter, whichever occurs later #60 Refil: #1         Cetirizine 10mg po prior to Lemtrada infusion       Ondansetron 4mg po pm #25         Promethazine 25mg po pm #25       Famotidine 20mg prior to start of alemtuzumab infusion         Acetaminophen 1000mg po prior to start of Lemtrada infusion and q6h pm       Other:         Note – If needed, please send pain prescription to retail pharmacy       Pre Infusion: Solu-Medrol 1000mg IV infusion in 500mL of 0.9% NaCl over 1 hour prior to Lemtrada infusion on days 1, 2 and 3 only         Normal saline 0.9% 500ml IV prior to Lemtrada infusion on days 4 and 5       Initial Course: 12mg/day IV infusion via [] pumpOR [] gravity over 4 hours for 5 consecutive days         Subsequent Course: 12mg/day IV infusion via [] pumpOR [] gravity over 4 hours for 3 consecutive days *To start at least12 months after previous dose*         Post Meds: Normal saline 0.9% 500mL IV infusion over 1 hour post Lemtrada infusion         Ondansetron 4-8mg in 50-100mL 0.9% NaCl IV infusion over 15 minutes pm nausea         Epinephrine 1:1000 0.5-1mL IVP pm angioedema/hypotension/branchospasm/generalized urticaria         / SDE EFFECT       Diphenhydramine 50mg in 100mL of 0.9% NaCl IV over approx 15 mins pm pruitis/rash	PRODUCT PRESCRIPTION INFORMATION R								
Acyclovir 200mg po BID for a minimum of 2 months or until CD4+ count is > or = to 200 cells per microliter, whichever occurs later #60 Refil: #1	Is this a first dose? 🗆 Yes 📄 No If No, when was last dose given?When is patient due for next dose?								
Acyclovir 200mg po BID for a minimum of 2 months or until CD4+ count is > or = to 200 cells per microliter, whichever occurs later #60 Refill: #1	□ LEMTRADA	<b>Pre Meds:</b> Hydroxyzine HCl 50mg po p	rior to start of infusion an	d every 6 hours prn #25					
Cetirizine 10mg po prior to Lemtrada infusion       Ondansetron 4mg po prn #25         Promethazine 25mg po prn #25       Famotidine 20mg prior to start of alemtuzumab infusion         Acetaminophen 1000mg po prior to start of Lemtrada infusion and q6h prn       Other:									
Promethazine 25mg po pm #25       Famotidine 20mg prior to start of alemtuzumab infusion         Acetaminophen 1000mg po prior to start of Lemtrada infusion and q6h pm       Other:									
Acetaminophen 1000mg po prior to start of Lemtrada infusion and q6h prn       Other:		Promethazine 25mg po prn #25 Famotidine 20mg prior to start of alemtuzumab infusion							
LEMIRADA       Pre Infusion: Solu-Medrol 1000mg IV infusion in 500mL of 0.9% NaCl over 1 hour prior to Lemtrada infusion on days 1, 2 and 3 only Normal saline 0.9% 500ml IV prior to Lemtrada infusion on days 4 and 5         Initial Course: 12mg/day IV infusion via pumpOR gravity over 4 hours for 5 consecutive days         Subsequent Course: 12mg/day IV infusion via pumpOR gravity over 4 hours for 3 consecutive days *To start at least12 months after previous dose*         Post Meds: Normal saline 0.9% 500mL IV infusion over 1 hour post Lemtrada infusion         Ondansetron 4-8mg in 50-100mL 0.9% NaCl IV infusion over 15 minutes prn nausea         Epinephrine 1:1000 0.5-1mL IVP prn angioedema/hypotension/branchospasm/generalized urticaria         Ketorolac: 30mg IVP over 3-5 minute         Diphenhydramine 50mg in 100mL of 0.9% NaCl IV over approx 15 mins prn pruitis/rash			rt of Lemtrada infusion an	d q6h prn Other:	51		_		
Pre Infusion: Solu-Medrol 1000mg IV infusion in 500mL of 0.9% NaCl over 1 hour prior to Lemtrada infusion on days 1, 2 and 3 only         Normal saline 0.9% 500ml IV prior to Lemtrada infusion on days 4 and 5         Initial Course: 12mg/day IV infusion via pumpOR gravity over 4 hours for 5 consecutive days         Subsequent Course: 12mg/day IV infusion via pumpOR gravity over 4 hours for 3 consecutive days *To start at least12 months after previous dose*         Post Meds: Normal saline 0.9% 500mL IV infusion over 1 hour post Lemtrada infusion         Ondansetron 4-8mg in 50-100mL 0.9% NaCl IV infusion over 15 minutes prn nausea         Splite EFFECT         ORDERS         Diphenhydramine 50mg in 100mL of 0.9% NaCl IV over approx 15 mins prn pruitis/rash		Note – If needed, please send pain prescription to retail pharmacy							
Initial Course: 12mg/day IV infusion via pumpOR gravity over 4 hours for 5 consecutive days         Subsequent Course: 12mg/day IV infusion via pumpOR gravity over 4 hours for 3 consecutive days *To start at least12 months after previous dose*         Post Meds: Normal saline 0.9% 500mL IV infusion over 1 hour post Lemtrada infusion         Ondansetron 4-8mg in 50-100mL 0.9% NaCl IV infusion over 15 minutes prn nausea         Epinephrine 1:1000 0.5-1mL IVP prn angioedema/hypotension/branchospasm/generalized urticaria         Ketorolac: 30mg IVP over 3-5 minute         Diphenhydramine 50mg in 100mL of 0.9% NaCl IV over approx 15 mins prn pruitis/rash									
Subsequent Course: 12mg/day IV infusion via pumpOR gravity over 4 hours for 3 consecutive days *To start at least12 months after previous dose*         Post Meds: Normal saline 0.9% 500mL IV infusion over 1 hour post Lemtrada infusion         Ondansetron 4-8mg in 50-100mL 0.9% NaCl IV infusion over 15 minutes prn nausea         Epinephrine 1:1000 0.5-1mL IVP prn angioedema/hypotension/branchospasm/generalized urticaria         Ketorolac: 30mg IVP over 3-5 minute         Diphenhydramine 50mg in 100mL of 0.9% NaCl IV over approx 15 mins prn pruitis/rash									
Post Meds: Normal saline 0.9% 500mL IV infusion over 1 hour post Lemtrada infusion         ANAPHYLAXIS         / SIDE EFFECT         ORDERS         Diphenhydramine 50mg in 100mL of 0.9% NaCl IV over approx 15 mins prn pruitis/rash									
ANAPHYLAXIS       Ondansetron 4-8mg in 50-100mL 0.9% NaCl IV infusion over 15 minutes prn nausea       Epinephrine 1:1000 0.5-1mL IVP prn angioedema/hypotension/branchospasm/generalized urticaria       Image: Comparison of the comparison of t									
ANAPHYLAXIS       Epinephrine 1:1000 0.5-1mL IVP prn angioedema/hypotension/branchospasm/generalized urticaria	/ SIDE EFFECT								
/ SIDE EFFECT ORDERS       Chiphephiline 1:1000 0.5 minut Wiphrangioedenia/hypotension/blanchospash/generalized unicana		-							
ORDERS									
Diphenhydramine 50mg in 100mL of 0.9% NaCl IV over approx 15 mins prn pruitis/rash         OTHER									
		Diphenhydramine 50mg in 100mL of 0.9% NaCl IV over approx 15 mins prn pruitis/rash							
By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.	D OTHER								
	By signing this form an	d utilizing our services, you are authorizing	Amerita, Inc. to serve a	s your prior authorization de	signated agen	t in dealing	with medical and prescription insur	ance companies.	

Prescriber's Signature **Print Name** Date **Prescriber's Signature Print Name** Date **Dispense as Written Substitution Permitted** 

