LEMTRADA® Referral Form

Fax Completed Form To: 877-418-4495 Phone: 877-418-4114

			IENT INFORMATION	T						
Patient Name:		Date of Birth:			Referral Date	2:				
Address:				City/State/Zip						
Home Phone:		Cell Phone:			Work Phone					
Secondary Contact:	CD 40	Height:	Weight:		Male	Female				
Patient Diagnosis & I	CD-10:									
Allergies:										
			VIDER INFORMATION	1						
Physician Name:		Lic.#:		DEA #:						
Practice Name:			NPI#:							
Address:						City/State/Zip:				
Office Contact:		Phone: Fax:								
Supervisory Physician	n (if applicable):									
			CLINICAL DETAILS							
	nary progressive multiple sclerosis		tiple sclerosis (RMS)							
Ambulation status			thout aid or rest for at least 100 m	leters						
Relapse details:	Two or more relapses within the p	previous two years One relaps	e within the previous year							
			PLEASE ATTACH							
Patient demograp	phics & front/back copy of all insura	nce cards (prescription & medical)		erum creatinine le	evels, urinalys	sis with cell counts, urine protein to o	creatinine ratio			
Recent office visit	notes, history & physical, lab & per	rtinent procedure results	thyroid function tests							
	on list & list of prior medications trie	•	Pregnancy test results							
						of any recent vaccinations				
Line access docum	nentation/verification if applicable				g or indication	n is outside of FDA guidelines				
		NUF	SING & LAB ORDERS	5						
Nurse Orders: Nurse	e to provide assessment, teaching, l	ab draws, medication administrat	ion and vascular access device ins	ertion and/or mar	nagement pe	r physician orders.				
	0.9% - 5-10mL flush pre and post ir					st-infusion NS flush if indicated to n	naintain line			
		nasion and as needed incpann			nusir arter po		namannin			
	L/M per nasal cannula as needed									
Lab Orders:			Lab Date & Frequency	:						
			SUPPLY ORDERS							
Supply Orders: All s	unnlies for vascular access line care	drug administration kit(s) num	and IV nole will be provided as n	ecessary						
	supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary PRESCRIPTION INFORMATION REFIL									
PRODUCT							REFILLS			
Is this a first dose?	Yes No If No, when was la	ast dose given?	When is patient due for nex	xt dose?		_				
	Pre Meds: Hydroxyzine H	Cl 50mg po prior to start of infusion	n and every 6 hours prn #25							
	Acyclovir 200mg po BID for	r a minimum of 2 months or until (nt is $>$ or $=$ to 200 cells per microliter, whichever occurs later #60 Refill: #1						
	Cetirizine 10mg po prior to Lemtrada infusion Ondansetron 4mg po prn #25									
LEMTRADA	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:									
	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 pump OR gravity over 4 hours for 5 consecutive days									
		IV infusion via nump OR	aravity over 4 hours for 5 cons	ecutive days						
	Initial Course: 12mg/day			•	-					
	Initial Course: 12mg/day Subsequent Course: 12m	ng/day IV infusion via pumpC	DR gravity over 4 hours for 3 d	•	To start at lea	st12 months after previous dose*				
	Initial Course: 12mg/day Subsequent Course: 12m Post Meds: Normal saline	ng/day IV infusion via pump C 0.9% 500mL IV infusion over 1 he	R gravity over 4 hours for 3 d	•	To start at lea	st 12 months after previous dose*				
	Initial Course: 12mg/day Subsequent Course: 12m Post Meds: Normal saline	ng/day IV infusion via pumpC	R gravity over 4 hours for 3 d	•	To start at lea	st 12 months after previous dose*				
ANAPHYLAXIS	Initial Course: 12mg/day Subsequent Course: 12m Post Meds: Normal saline Ondansetron 4-8mg in 50	ng/day IV infusion via pump C 0.9% 500mL IV infusion over 1 he	DR gravity over 4 hours for 3 c our post Lemtrada infusion r 15 minutes prn nausea	consecutive days *	To start at lea	st 12 months after previous dose*				
/ SIDE EFFECT	Initial Course: 12mg/day Subsequent Course: 12m Post Meds: Normal saline Ondansetron 4-8mg in 50 Epinephrine 1:1000 0.5-1r	ng/day IV infusion via pump C 0.9% 500mL IV infusion over 1 ho -100mL 0.9% NaCl IV infusion ove mL IVP prn angioedema/hypotens	DR gravity over 4 hours for 3 c our post Lemtrada infusion r 15 minutes prn nausea	consecutive days *	To start at lea	st12 months after previous dose*				
	Initial Course: 12mg/day Subsequent Course: 12m Post Meds: Normal saline Ondansetron 4-8mg in 50 Epinephrine 1:1000 0.5-1r Ketorolac: 30mg IVP over 3	ng/day IV infusion via pump C 0.9% 500mL IV infusion over 1 hd -100mL 0.9% NaCl IV infusion ove nL IVP prn angioedema/hypotens 3-5 minute	DR gravity over 4 hours for 3 do bur post Lemtrada infusion r 15 minutes prn nausea ion/branchospasm/generalized u	consecutive days *	To start at lea	st 12 months after previous dose*				
/ SIDE EFFECT ORDERS	Initial Course: 12mg/day Subsequent Course: 12m Post Meds: Normal saline Ondansetron 4-8mg in 50 Epinephrine 1:1000 0.5-1r Ketorolac: 30mg IVP over 3	ng/day IV infusion via pump C 0.9% 500mL IV infusion over 1 ho -100mL 0.9% NaCl IV infusion ove mL IVP prn angioedema/hypotens	DR gravity over 4 hours for 3 do bur post Lemtrada infusion r 15 minutes prn nausea ion/branchospasm/generalized u	consecutive days *	To start at lea	st 12 months after previous dose*				
/ SIDE EFFECT	Initial Course: 12mg/day Subsequent Course: 12m Post Meds: Normal saline Ondansetron 4-8mg in 50 Epinephrine 1:1000 0.5-1r Ketorolac: 30mg IVP over 3	ng/day IV infusion via pump C 0.9% 500mL IV infusion over 1 hd -100mL 0.9% NaCl IV infusion ove nL IVP prn angioedema/hypotens 3-5 minute	DR gravity over 4 hours for 3 do bur post Lemtrada infusion r 15 minutes prn nausea ion/branchospasm/generalized u	consecutive days *	To start at lea	st 12 months after previous dose*				
/ SIDE EFFECT ORDERS OTHER	Initial Course: 12mg/day Subsequent Course: 12m Post Meds: Normal saline Ondansetron 4-8mg in 50 Epinephrine 1:1000 0.5-1r Ketorolac: 30mg IVP over 3 Diphenhydramine 50mg in	ng/day IV infusion via pump C 0.9% 500mL IV infusion over 1 hd -100mL 0.9% NaCl IV infusion ove mL IVP prn angioedema/hypotens 8-5 minute n 100mL of 0.9% NaCl IV over app	R gravity over 4 hours for 3 c our post Lemtrada infusion r 15 minutes prn nausea ion/branchospasm/generalized u rox 15 mins prn pruitis/rash	consecutive days *		st 12 months after previous dose*				

Prescriber's Signature	Print Name	Date	Prescriber's Signature	Print Name	Date
Dispense as Written			Substitution Permitted	(urac)	
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