MIC | METRO INFUSION CENTER

INFUSION ORDERS- LEMTRADA (ALEMTUZUMAB)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Date of Referral:

REFERRAL STATUS
☐ New Referral ☐ Dose or Frequency Change ☐ Order Renewal

INFUSION OFFICE PREFERENCES (Optional)
Preferred Location*:

*List of infusion center locations may be found at: https://metroinfusioncenter.com/infusion-center-locations/
Please note: Requests will be accommodated based on infusion center availability and are not guaranteed.

DIAGNOSIS AND ICD 10 CODE
☐ Relapsing-Remitting Multiple Sclerosis (RRMS) ICD10: G35
☐ Other Diagnosis: _____ ICD10: _____

REQUIRED DOCUMENTATION	
☐ This signed order form by the provider	☐ Clinical/Progress notes supporting primary diagnosis
☐ Patient demographics AND insurance information	☐ Labs and Tests supporting primary diagnosis
☐ TB test results	☐ Pregnancy Test (if applicable)
Is the patient enrolled in the Lemtrada REMS program? ☐ Yes ☐ No Please indicate which antiviral prophylaxis medication has been prescribed for your patient: _____	
Please list tried and failed therapies: 1) 2)	

MEDICATION ORDERS	
Dosing	☐ First Course: Lemtrada 12mg IV daily for 5 consecutive days ☐ Second Course: Lemtrada 12mg IV daily for 3 consecutive days, to be given approximately 12 months after initial course was given ☐ Other: Lemtrada _____

Please note: doses will be administered over 4 hours as recommended by the manufacturer, and monitored for 2 hours after infusion completion.

PREMEDICATIONS
☐ Acetaminophen 650mg PO, 30-60 minutes prior to infusion
☐ Diphenhydramine 50mg Slow IV push, 30-60 minutes prior to infusion
☐ Methylprednisolone (high dose) 1000mg IVPB prior to first dose of the course, then daily for a total of 3 doses
☐ Other: _____

OTHER TESTING (Optional)
☐ Urine pregnancy test prior to first infusion

PRESCRIBER INFORMATION		
Prescriber Name:		
Office Phone:	Office Fax:	Office Email:
Prescriber Signature:		Date:

All information contained in this order form is strictly confidential and will become part of the patient's medical record.
Contact us with questions at: (877) 448-3627
Fax Completed Form and all documentation to: 866-507-1164