PARAGON
INFUSION CENTERS

LEMTRADA (ALEMTUZUMAB) INFUSION ORDERS

PATIENT INFORMATION

☐ *Demographics attached*

Patient Name: ______________________ DOB: __________ Phone: ______________________

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S) FRONT AND BACK

MEDICAL INFORMATION

J Code: J0202 Diagnosis: Multiple Sclerosis (ICD-10 Code: ________) Patient Weight: ______________

Allergies: ____

☐ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis attached

☐ Last MRI: __________

☐ Patient REMs enrollment paperwork and Prescription Order Form (faxed to MS one to one)

☐ **TB Test:** Quantiferon Gold, PPD or chest x-ray

☐ **Required Labs:** TSH, Cr, CBC, Ua with cell counts (within 30 days), and AST, ALT, total bilirubin (within 3 months)

☐ **Optional Labs (insurance based):** HIV, Varicella Zoster Antibodies

Additional Lab Orders:

LEMTRADA ORDERS

Lemtrada

☐ **First Course:** 12mg IV daily for 5 consecutive days

☐ **Second Course(s):** 12mg IV daily for 3 consecutive days, 12 months after previous dose

Protocol Pre-Medication Order: Solu-Medrol 1 gram IV on days 1-3 of each course, Tylenol 1000mg PO, Benadryl 25mg IV, and Pepcid 20mg IV prior to infusion.

Other pre-medication orders: ____

Post-Infusion Hydration: ☐ 500mL NS IV post Lemtrada infusion to run over two hours

☐ Other: ____

Additional Orders/Comments:

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc.and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: ______________________________ Date: ______________

Physician Name: ______________________________

Phone: ______________ Fax: ______________ Contact Person: ______________________

INFUSION CENTER LOCATIONS

	Texas	Tennessee	Georgia
Phone: 877-365-5566 **Fax: 855-889-2946**	☐ Arlington ☐ Austin ☐ Dallas ☐ Houston ☐ North Hills ☐ Plano ☐ Round Rock ☐ San Antonio ☐ Stone Oak	☐ Knoxville	☐ Atlanta

PARAGONHEALTHCARE.COM

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged property or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please notify the sender immediately. If you have received this document in error and then destroy this document immediately.

© 2019, Paragon Healthcare Inc.