



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 (faxed to MS one to one)
- Varicella Zoster Virus-** For patients without history of Varicella exposure/vaccine, status of VZV is unknown, VZV antibodies should be tested and vaccine offered if indicated.
- Required Lab:** Baseline Quantiferon Gold (QFT Gold) or PPD and HIV
- Required Labs:** TSH, CMP, CBC, Ua with cell counts (must be within 30 days of 1st and 2nd course initiation)

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician Yearly TB Screening (*optional*)

Lab Orders: _____

LEMTRADA ORDERS

- Lemtrada **First Course:** 12mg/day on 5 consecutive days.
- Second Course:** 12mg/day on 3 consecutive days 12 months after first treatment course

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

Post-Infusion Hydration: _____ ml NS for _____ days

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 LOCATION

- | | | | | | | | | | |
|------------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|--------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Austin | <input type="checkbox"/> Dallas | <input type="checkbox"/> Houston | <input type="checkbox"/> Knoxville | <input type="checkbox"/> North Hills | <input type="checkbox"/> Plano | <input type="checkbox"/> Round Rock | <input type="checkbox"/> San Antonio | <input type="checkbox"/> Stone Oak |
| P: 817.200.2530 | P: 512.261.4800 | P: 972.408.2777 | P: 713.860.1755 | P: 865-299-7525 | P: 817.284.2700 | P: 469-974-0565 | P: 737-443-5230 | P: 210.366.4358 | P: 210.485.3700 |
| F: 817.509.0011 | F: 512.261.4803 | F: 469.913.6894 | F: 713.277.7219 | F: 865-338-5604 | F: 817.284.2701 | F: 469-608-2072 | F: 737-402-7698 | F: 210.366.4896 | F: 210.390.1738 |

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