(alemtuzumab)



LEMTRADA infusion orders

Patient Name DOB

Phone M F

DIAGNOSIS Please provide ICD-10 code

Multiple Sclerosis

(other)

PRE-MEDICATION

Tylenol 1000mg PO Diphenhydramine 25mg PO Cetirizine 10mg PO Diphenhydramine 25mg IVP

(other)

(other)

LEMTRADA ORDERS

DOSAGE

12mg IV each day for 5 consecutive days

12mg IV each day for 3 consecutive days - 12 months after first treatment course

PREMEDICATION PER PRESCRIBING INFORMATION

Solu-medrol 1gm IV for days 1-3 of each course

PATIENT WEIGHT

lbs.

kg

NOTES

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Signature X Date

Provider Phone Fax