



Prestige Infusions
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Affiliation: Apex HealthRX METRODRUGS OAKHILLSPRX SPECIALTY PHARMACY GoldenHealthCare Specialty Pharmacy

LEMTRADA

(alamtuzumab)

Patient Name _____

DOB _____

Phone _____

M

F

DIAGNOSIS *Please provide ICD-10 code*

Multiple Sclerosis _____

(other) _____

PRE-MEDICATION

Tylenol 1000mg PO _____

Diphenhydramine 25mg IVP _____

Diphenhydramine 25mg PO _____

(other) _____

Cetirizine 10mg PO _____

(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

ORDERING PROVIDER

Signature X _____

Date _____

Provider _____

Phone _____

Fax _____