



Patient Information

Patient Name: _____ DOB: _____ Height: _____ Weight: _____ Patient Contact #: _____

Medical Assessment:

Diagnosis (ICD-10):

G35 Multiple Sclerosis

MS Severity:

- Relapsing / Remitting
- Primary Progressive
- Secondary Progressive

History:

Has the patient previously been treated for this condition?

Yes No

Medications Failed: _____

Allergies: _____

Pre-Medication Orders:

- APAP 325mg 500mg 650mg - PO 30 minutes before infusion.
- Diphenhydramine 25mg 50mg – PO 30 minutes before infusion.
 25mg IVP 50mg IVP
- Alternate Oral Antihistamines: Cetirizine 10mg Loratadine 10mg Fexofenadine 60mg or 180mg
- Methylprednisolone 40mg IVP 125mg IVP or other ____ mg IVP
- Famotidine 20mg PO 40mg PO 20mg IVP 40mg IVP
- Ondansetron 4 mg IVP 4 mg PO

Labwork: _____ To be Drawn by: Infusion Clinic Referring Provider

Medication

Briumvi (ublituximab-xiiv)

- Loading Dose: 150mg IV over four hours, followed by 450mg IV over 1 hour two (2) weeks later. Follow each infusion with 1 hour of post infusion monitoring.
- Maintenance: 450mg IV over one hour every 24 weeks after the first infusion and every 24 weeks thereafter.
- Maintenance Refills: _____

*** Pre-medications of Acetaminophen PO, Diphenhydramine IVP, and Methylprednisolone IVP is suggested prior to infusion **

Lemtrada (alemtuzumab)

Dosage:

- Methylprednisolone 1000mg IV over 1 hour in sodium chloride 0.9% diluted per protocol immediately before Lemtrada infusion for the first 3 days of each treatment course.
- Lemtrada 12 mg IV in 100 ml of sodium chloride 0.9% to infuse over 4 hours, followed by (2) two-hour post infusion monitoring after each dose.

Frequency:

- First treatment course: daily x 5 consecutive days or
- Second treatment course: daily x 3 consecutive days
- Maintenance Refills: _____

*** Pre-medications of Acetaminophen PO, Diphenhydramine IVP, and Ondansetron IVP is suggested prior to infusion ***

Ocrevus (ocrelizumab)

Dosage:

- Ocrevus as directed to infuse per protocol via pump with 0.22-micron filter, followed by a 1-hour post infusion observation period.

Frequency:

- Induction dose: 300 mg IV in 250 ml sodium chloride 0.9% to be infused over 2.5 hours at 0 week and 2 weeks.
- Maintenance dosing: 600mg IV in 500 ml sodium chloride 0.9% every 6 months over ____ hours.
- Maintenance Refills: _____

*** Pre-medications of Acetaminophen PO, Diphenhydramine IVP, and Methylprednisolone IVP is suggested prior to infusion ***

Tysabri (natalizumab)

Dosage:

- Tysabri 300mg per 100 ml sodium chloride 0.9% IV to infuse over at least 1-hour with no filter required. Following each infusion with 1 hour post infusion monitoring.

Frequency:

- 300mg every 4 weeks, no less than every 28 days.
- Maintenance Refills: _____

*** Ensure patient has Notice of Patient Authorization on file and completed Pre-Infusion Checklist per Biogen Idec ***

Physician Prescription Orders Address: _____ Phone: _____

Fax: _____ Clinic Contact: _____ Physician Name: _____

NPI # _____ Physician Signature: _____ Date: _____