MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

LEMTRADA® (ALAMTUZUMAB) REFERRAL FORM
(- Required Fields)*

___ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

_____ **New Referral** _____ **Referral Renewal** _____ **Medication/Order Change**
_____ **Benefits Verification Only** _____ **Discontinuation Order**

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: M F
ADDRESS:		PHONE:	
WEIGHT: LBS KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

LEMTRADA REFERRAL*:

*(SELECT **ONE** OF THE FOLLOWING)*

ICD-10*: ________________________________

_____ First Course: 12mg/day on 5 consecutive days

_____ Maintenance Dosing: 12mg/day on 3 consecutive days every 12 months.

Okay to infuse at Multiple Locations

Okay to Split Infusions

Physician Signature* ________________________________

NPI #* ______________

Date*(Order is Valid for One Year) ____________________

Infusion will be administered per MPP policy and protocols

ICD- 10 Description

***STAT REASON:**
(STAT request will be assessed per MPP policy and protocol)

REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics

_____ Insurance Card/Information

_____ Clinical/Progress Notes supporting DX

_____ Current Medication List and H&P

_____ HIV Test Results

_____ Varicella Zoster Antibodies

_____ Baseline ECG

_____ TB Results (if available)-if positive,
need negative chest Xray and
negative TSpot

Last Infusion/Injection Date: ____________________

STANDING LAB ORDERS (to be drawn at clinics): _____ CMP _____ CBC *Frequency ____________________

MPP USE ONLY

Referral Reviewed and Accepted by: ______________________________ ***Date approved:*** ______________

NOTES/ADDITIONAL COMMENTS:

Locations:

--------Colorado--------

___ Lakewood

---------Florida---------

___ Jacksonville
___ Kissimmee
___ Port St. Lucie
___ Suncoast
___ Winter Park

------Oklahoma--------

___ Tulsa

----------Texas----------

___ Arlington
___ Cedar Hill
___ Dallas
___ Denton
___ Ft. Worth
___ Irving
___ Rockwall
___ Southlake
___ Flower Mound
___ Plano
___ Tyler

REVISION DATE- 01/2022