

NEUROLOGY

RX:

Patient Name:

Patient Weight:

kg

DOB:

*Patient Insurance & ID (front and back) are needed

New Prescription/Referral

Prescription Refill

Of Refills:

Diagnosis:	Soliris (eculizumab): 900mg IV weekly for the 1st 4 weeks, followed by 1200mg for the fifth dose 1 week later, then 1200mg every 2 weeks thereafter x1 year (initial start with maintenance)				
ICD-10:	1200mg IV every 2 weeks x1 year (maintenance dosing)				
Multiple Sclerosis ICD-10:	Tysabri (natalizumab): 300mg IV every 4 weeks x1 year (after registering patient with TOUCH)				
	Ocrevus (ocrelizumab): Initial dose 300mg IV for 2.5 hrs				
	(*Pre-Medications Required) 2nd dose 300mg IV for 2.5 hrs to be given after 2 weeks				
	Other:_____				
	Ocrevus Zunovo: 920mg/23,000units subcutaneously every 6 months x1 year				
	(*Premed protocol:) Dexamethasone (or equivalent corticosteroid): 20mg administered orally at least 30 mins prior to administration				
	Antihistamine (e.g., desloratadine): Administered orally at least 30 mins prior to administration to reduce the risk of local and systemic injection reactions				
	Antipyretic (e.g., acetaminophen): The addition of an antipyretic may also be considered				
	Other:_____				
	Briumvi (ublituximab-xiiv): Initial dose 150mg IV then 450mg IV two weeks later				
(*Pre-Medications Required) Maintenance dose 450mg IV 24 weeks after the first infusion & every 24 weeks					
Diagnosis:	IVIG: Gamunex (10%) Privigen (10%) Octagam (10%) Gammaplex (10%) Gammagard (10%) Bivigam (10%) Gammaked(10%) Flebogamma DIF (10%) Asceniv (10%) Panzyga (10%) Other Orders:_____				
ICD-10:	Dosage: _____g/day IV _____g/kg IV Over _____ # of days _____ # of months Frequency: One-Time Only every _____ weeks (Optional: Start Date _____)				
Migraines ICD-10:	Vyepti (eptinezumab-jjmr): 100 mg IV every 3 months x1 year 300 mg IV every 3 months x1 year				
Myasthenia Gravis ICD-10	Ultomiris: Initial dose (40-59kg) 2,400mg IV, followed by 3,000mg IV 2 weeks later, then 3,000mg IV every 8 weeks (60-99kg) 2,700mg IV, followed by 3,300mg IV 2 weeks later, then 3,300mg IV every 8 weeks (100kg+) 3,000mg IV, followed by 3,600mg IV 2 weeks later, then 3,600mg IV every 8 weeks Maintenance dose (40-59kg) 3,000mg (60-99kg) 3,300mg (100kg+) 3,600mg IV every 8 weeks				
	Vyvgart: (<120kg) 10mg/kg IV once weekly for 4 weeks (≥120kg) 1200mg IV over 1 hour once weekly for 4 weeks				
	(efgartigimod alfa-fcab) May repeat for _____ cycles (scheduled greater than 50 days from start of previous cycle) **Please provide clinical notes discussing need for recurrent cycles**				
	CIDP (Vyvgart Hytrulo) ICD-10:	Vyvgart Hytrulo: 1,008 mg / 11,200 units subcutaneously weekly x 4 weeks (Myasthenia Gravis)			
		(efgartigimod alfa and hyaluronidase-qvfc) May repeat for _____ cycles (scheduled greater than 50 days from start of previous cycle) **Please provide clinical notes discussing need for recurrent cycles**			
Rystiggo: (<50kg) 420mg SubQ weekly x 6 (50kg - 100kg) 560mg SubQ weekly x 6 (≥100kg) 840mg subQ weekly x6 (rozanolixizumab-noli) May repeat for _____ cycles (scheduled greater than 63 days from start of previous cycle) **Please provide clinical notes discussing need for recurrent cycles**					
Pre-Medication:		Zofran: 4mg 8mg IVP		Pepcid IV 20mg IVP	
Solumedrol 125mg IVP		Tylenol _____ mg PO		Benadryl _____ mg PO	
Solu-Cortef 100mg IVP		650 mg 975 mg		25 mg IV	
Others: _____				50 mg PO	
Physician Signature		NPI #:		DATE:(Valid for 1 year)	
By affixing my signature, I confirm the medical necessity of the aforementioned therapy, products, and services, as well as my responsibility for the patient's care. I have obtained consent to disclose the mentioned details and any relevant medical or patient information concerning this treatment. I grant the pharmacy permission to contact the insurance company on my behalf to secure authorization for the patient.					
PHYSICIAN INFORMATION					
Physician Name: Clinic:					
Phone:	Fax:	Email:	Other:		
Office Mailing Address:					
Please include the following.	Patient demographics	Insurance attached	Diagnosis(supporting)	History & Physical	
	Lab Results	Clinical progress notes	Medication list	Other Test Results	
Serum Immunoglobulins (Ocrevus & Briumvi)		AChR antibody (Rystiggo, Vyvgart & Ultomiris) or MuSK antibody (Rystiggo)			
Hep B antigen & Hep B core total (Ocrevus & Briumvi)		MRI documentation (Tysabri, Ocrevus, Briumvi)			
JCV antibody (Tysabri)		CBC & CMP (Ocrevus & Tysabri)		Men ACWY & Men B vaccines (Ultomiris & Soliris)	
We can do patient teaching for IV/IM/SQ injections if needed. One time or multiple visits. If insurance allows we can also administer SQ/IM shot					