

NEUROLOGY

New Prescription/Referral

Prescription Re II

Of Re IIS:

RX:

Patient Name:

Patient Weight:

kg

DOB:

Diagnosis:

ICD-10:

Soliris (eculizumab):

(neuro dosing)

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)

1200mg IV every 2 weeks x1 year (maintenance dosing)

Multiple Sclerosis

ICD-10:

Tysabri (natalizumab):

Ocrevus (ocrelizumab):

(*Pre-Medications Required)

Ocrevus Zunovo:

(*Premed protocol:)

Briumvi (ublituximab-xiiv):

(*Pre-Medications Required)

300mg IV every 4 weeks x1 year (after registering patient with TOUCH)

Initial dose 300mg IV for 2.5 hrs

2nd dose 300mg IV for 2.5 hrs to be given after 2 weeks

Other:

920mg/23,000units subcutaneously every 6 months x1 year

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:

Initial dose 150mg IV then 450mg IV two weeks later

Maintenance dose 450mg IV 24 weeks after the first infusion & every 24 weeks

Diagnosis:

ICD-10:

IVIG:

Dosage:

Frequency:

Gamunex (10%)

Gammagard (10%)

Asceniv (10%)

Privigen (10%)

Bivigam (10%)

Panzyga (10%)

Octagam (10%)

Gammaked(10%)

every _____ gm/day

_____ mg/kg

_____ # of days

_____ # of months

One-Time Only

every _____ weeks (Optional: Start Date _____)

Migraines

ICD-10:

Vyepeti (eptinezumab-jjmr):

100 mg IV every 3 months x1 year

300 mg IV every 3 months x1 year

Myasthenia Gravis

ICD-10

Ultomiris:

(ravulizumab-cwvz):

Maintenance dose

Vyvgart:

(efgartigimod alfa-fcab)

Vyvgart Hytrulo:

(efgartigimod alfa and hyaluronidase-qvfc)

Rystiggo:

(rozanolixizumab-noli)

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

(40-59kg) 3,000mg

(60-99kg) 3,300mg

(100kg+) 3,600mg IV every 8 weeks

(<120kg) 10mg/kg IV once weekly for 4 weeks

(≥120kg) 1200mg IV over 1 hour once weekly for 4 weeks

May repeat for _____ cycles (scheduled greater than 50 days from start of previous cycle)

Please provide clinical notes discussing need for recurrent cycles

1,008 mg / 11,200 units subcutaneously weekly x 4 weeks (Myasthenia Gravis)

May repeat for _____ cycles (scheduled greater than 50 days from start of previous cycle)

Please provide clinical notes discussing need for recurrent cycles

1,008 mg / 11,200 units subcutaneously weekly (CIDP)

(<50kg) 420mg SubQ weekly x 6

(50kg - 100kg) 560mg SubQ weekly x 6

(≥100kg) 840mg subQ weekly x6

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

Solu-Cortef 100mg IVP

Others:

Tylenol _____ mg PO

650 mg

975 mg

Benadryl _____ mg PO

25 mg

50 mg

IV

PO

ANA Kit Protocol

OK to use

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