

**Patient Information**

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

Medical Assessment (ICD 10 code)

- ☐ G36.0 Neuromyelitis Optica G61.81 Chronic Inflammatory Demyelinating Polyneuropathy
☐ G43. _____ Migraine in adults Other: _____
☐ G70.00 Myasthenia Gravis (gMG) without acute exacerbation
☐ G70.01 Myasthenia Gravis (gMG) with acute exacerbation

****Please include a demographics page, front and back of an insurance card, any clinical notes with supporting diagnosis, lab-work, tests, and any other supporting documentation including past tried and / or failed therapies associated with diagnosis****

Allergies: _____**Pre-Medication Orders:**

- ☐ APAP ☐ 325mg ☐ 500mg ☐ 650mg - PO 30 minutes before infusion
☐ Diphenhydramine ☐ 25mg ☐ 50mg - PO 30 minutes before infusion OR ☐ 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****Ultomiris (ravulizumab) (weight based dosing)**

- ☐ 40-59kg: 2400mg IV week 0, followed by 3000mg IV week 2 and every 8 weeks thereafter
☐ 60-99kg: 2700mg IV week 0, followed by 3300mg IV week 2 and every 8 weeks thereafter
☐ 100kg+: 3000mg IV week 0, followed by 3600mg IV week 2 every 8 weeks thereafter **Maintenance Refills:** _____

Uplizna (inebilizumab - cdon)

- ☐ Induction: Uplizna 300mg IV at week 0 & 2
☐ Maintenance: Uplizna 300mg IV at week 42 and every 6 months **Maintenance Refills:** _____

Vyepti (eptinezumab-jjmr)

- ☐ ☐ 100mg OR ☐ 300mg IV every 3 months **Maintenance Refills:** _____

Vyvgart (efgartigimod alfa-fcab)

- ☐ 10 mg / kg once weekly for 4 weeks
☐ Repeat x _____ cycles every _____ weeks, starting at day 1 of previous cycle

Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)

- ☐ CIDP: 1,008mg / 11,200 u SC once weekly for 4 weeks **Maintenance Refills:** _____
☐ gMG: 1,008mg / 11,200 u SC once weekly for 4 weeks
☐ gMG: Repeat x _____ cycles every _____ weeks, starting at day 1 of previous cycle

Imaavy (nipocalimab-aahu)

- ☐ Induction: (30mg/kg) _____ mg IV at week 0
☐ Maintenance: (15mg/kg) _____ mg IV at week 2 then every 2 weeks **Maintenance Refills:** _____

Physician Prescription Orders

Address: _____ Phone: _____

Fax: _____ Clinic Contact: _____ Physician Name: _____

NPI # _____ Physician Signature: _____ Date: _____