

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____

Patient Weight: _____ lbs. (required) Address: _____

Patient Status: ☐ New to Therapy ☐ Continuing Therapy ☐ Next Treatment Date: _____

DIAGNOSIS

☐ Acute Migraines ☐ hATTR Amyloidosis ☐ Multiple Sclerosis ☐ Pompe Disease
☐ CIDP ☐ Migraines ☐ Myasthenia Gravis ☐ Other: _____

ICD-10 Code: _____

THERAPY ORDER

MEDICATION	ORDERS	PRE-MEDICATIONS	LAB ORDERS
☐ Amvuttra hATTR Amyloidosis	☐ 25mg subQ every 3 months x1 year	☐ Acetaminophen _____mg PO	☐ JCV antibody ➤ Tysabri
☐ Rystiggo** Myasthenia Gravis	☐ <50kg: 420mg ☐ 50kg to <100kg: 560mg ☐ ≥100kg: 840mg subQ weekly x6 **Cycle may be repeated ≥63 days from start of previous cycle. Subsequent cycles may be ordered as appropriate	☐ Loratadine 10mg PO	☐ AChR antibody ➤ Rystiggo ➤ Vyvgart ➤ Ultomiris
☐ Ultomiris <i>neuro dosing</i> Myasthenia Gravis	Loading Dose: ☐ 2,400mg (40-59kg) ☐ 2,700mg (60-90kg) ☐ 3,000mg (100kg+) IV followed 2 weeks later by Maintenance: ☐ 3,000mg (40-59kg) ☐ 3,300mg (60-99kg) ☐ 3,600mg (100kg+) IV every 8 weeks x1 year	☐ Cetirizine 10mg PO	☐ MuSK antibody ➤ Rystiggo
☐ Vyvgart* Myasthenia Gravis	☐ 1,008mg/ 11,200 units subQ Frequency: ☐ Weekly for 4 weeks*	☐ Diphenhydramine 25mg PO	☐ Hep. B antigen & Hep. B core total ➤ Ocrevus ➤ Briumvi
☐ Vyvgart Hytrulo CIDP	☐ gMG: 1,008mg/ 11,200 units subQ ☐ CIDP: 1,008mg / 11,20 units subQ Frequency: ☐ Every week x1 year	☐ Solu-Medrol _____mg IVP	☐ Serum Immunoglobulins ➤ Ocrevus ➤ Briumvi
☐ IVIg	Orders: _____ mg/kg OR _____ gm/kg IV divided over _____ day(s) Frequency: Every _____ weeks x1 year OR _____ one time dose only Preferred Brand*: _____ *If left blank, clinicians to determine medication	☐ Other: _____	☐ MRI Documentation ➤ Ocrevus ➤ Briumvi ➤ Tysabri
☐ Briumvi* Multiple Sclerosis	☐ 150mg IV x1, then 450mg IV 2 weeks later, followed by 450mg IV every 24 weeks x1 year ☐ 450mg IV every 24 weeks x1 year *Pre-medication: Solu-Medrol 100mg IV and diphenhydramine 25mg PO/IV to be given 30 minutes prior to infusion		
☐ Tysabri* Multiple Sclerosis	☐ 300mg IV every 4 weeks x1 year *After registering patient with TOUCH		☐ Meningococcal Vaccinations - both Men. B & Men ACWY ➤ Soliris ➤ Ultomiris
☐ Ocrevus* Multiple Sclerosis	☐ 300mg IV at 0 and 2 weeks, then 600mg IV every 6 months x1 year ☐ 600mg IV every 6 months x1 year *Pre-medication: Solu-Medrol 100mg IV and diphenhydramine 25mg PO/IV to be given 30 minutes prior to infusion		
☐ Ocrevus Zunovo* Multiple Sclerosis	☐ 920mg/ 23,000 units subQ every 6 months x1 year *Pre-medication: dexamethasone 20mg PO & cetirizine 10mg PO 30 minutes prior to Ocrevus Zunovo		
☐ Solu-Medrol Multiple Sclerosis	☐ 1gm IV daily x _____ day(s)		
☐ Solu-Cortef Multiple Sclerosis	☐ 1gm IV daily x _____ day(s)		
☐ Soliris <i>neuro dosing</i>	Initial Dose: ☐ 900mg IV weekly for the first 4 weeks, followed by 1200mg for the 5th dose 1 week later, then 1200mg every 2 weeks thereafter x1 year Maintenance: ☐ 1200mg IV every 2 weeks x1 year		
☐ Vyepti Migraines	☐ 100mg IV every 3 months x1 year ☐ 300mg IV every 3 months x1 year		

PROVIDER INFORMATION

Provider Name: _____

Date: _____

NPI: _____ Phone: _____

Fax: _____ Contact Person: _____

PRESCRIBER SIGNATURE

Prescriber's Signature: _____

Date: _____

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