



Patient Information

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

Medical Assessment

Diagnosis (ICD-10):

Aduhelm & Leqembi

- Alzheimer's Disease checkboxes: G30.9, G30.8, G30.0, G30.1

Rystiggo & Soliris

- Myasthenia Gravis checkboxes: G70.0, D59.3, D59.5, Other: _____

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, Diphenhydramine, Antihistamines, Methylprednisolone, Famotidine, Ondansetron checkboxes

Labwork:

To be Drawn by: Infusion Clinic Referring Provider

Medication

Aduhelm (aducanumab-avwa)

- Titration Dosage Schedule checkboxes: Infusion 1 & 2, 3 & 4, 5 & 6, 7 & Beyond
Maintenance Dosage checkbox: Aduhelm 10 mg / kg IV in 100ml of 0.9% sodium chloride every 4 weeks

Maintenance Refills: _____

Leqembi (lecanemab-irmb)

- 10mg / kg IV given over approximately one (1) hour every 2 weeks checkbox

Maintenance Refills: _____

Soliris (eculizumab)

Generalized Myasthenia Gravis (gMG) –or- Atypical Hemolytic Uremic Syndrome (aHUS)

- Induction: Soliris 900mg IV every week x 4 doses, then maintenance dosage starting at week 5.
Maintenance: Soliris 1200mg IV every 2 weeks.

Maintenance Refills: _____

Paroxysmal Nocturnal Hemoglobinuria

- Induction: Soliris 600mg IV every week x 4 doses, then maintenance starting at week 5.
Maintenance: Soliris 900mg IV every 2 weeks.

Maintenance Refills: _____

Rystiggo (rozanolixizumab-noli)

- Weight less than 50kg: 420mg SQ weekly for 6 weeks
Weight 50kg to less than 100kg: 560mg SQ weekly for 6 weeks
Weight greater than or equal to 100kg: 840mg SQ weeks for 6 weeks

Maintenance Refills: _____

Physician Prescription Orders

Address: _____ Phone: _____

Fax: _____ Clinic Contact: _____ Physician Name: _____

NPI # _____ Physician Signature: _____ Date: _____