RELIANT SPECIALTY INFUSION

AIC Neurology #2 - General **Fax: 833-808-0833**

Patient Information

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

Medical Assessment

Diagnosis (ICD-10):

Uplizna

- ❑ G36.0 Neuromyelitis Optica
- ❑ Other: _____

Vyepti

- ❑ G43.____Migraine in adults
- ❑ Other: _____

Vyvgart & Ultomiris

- ❑ G70.0 Myasthenia Gravis (gMG) without acute exacerbation
- ❑ D70.1 Myasthenia Gravis (gMG) with acute exacerbation
- ❑ 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 □ 325mg □ 500mg □ 650mg - PO 30 minutes before infusion.
- ❑ Diphenhydramine □ 25mg □ 50mg – PO 30 minutes before infusion.
  □ 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)

- ❑ Induction:
  40-59kg: 2400mg IV loading dose, followed by 3000mg IV at 2 weeks, then 3000mg every 8 weeks
  60–99kg: 2700mg IV loading dose, followed by 3300mg IV at 2 weeks, then 3300mg every 8 weeks
  100kg or greater: 3000mg IV loading dose, followed by 3600mg IV at 2 weeks, then 3600mg every 8 weeks
- ❑ Maintenance:
  40-59kg: 3000mg IV every 8 weeks, 50-99kg: 3300mg IV every 8 weeks, 100kg or greater: 3600mg IV every 8 weeks
- ❑ **Maintenance Refills: ___**

Uplizna (inebilizumab - cdon)

- ❑ Induction: Uplizna 300mg IV over 90 minutes at week 0 & 2
- ❑ Maintenance: Uplizna 300mg IV over 90 minutes every 6 months
- ❑ **Maintenance Refills**: ___

Vyepti (eptinezumab-jjmr)

- ❑ Administer Vyepti □ 100mg / □ 300mg intravenously over 30 minutes with a 0.2 or 0.22 micron filter every 3 months
- ❑ **Maintenance Refills**: ___

Vyvgart (efgartigimod alfa-fcab)

- ❑ Administer 10 mg / kg once weekly for 4 weeks.
- ❑ **Maintenance Refills: ___**

Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)

- ❑ Administer 1,008mg / 11,200 units subcutaneously once weekly for 4 weeks
- ❑ **Maintenance Refills: ___**

Physician Prescription Orders Address: _____ Phone: _____

Fax: _____ Clinic Contact: _____Physician Name: _____

***NPI #*_____*Physician Signature:* _____*Date:* _____**