Care Fusion INFUSION CENTERS

AIC Neurology #2 - General **Fax: 855-733-9898**
Phone: 877-460-3905

Patient Information

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

Medical Assessment (ICD 10 code)

Uplizna

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

Vyepti

- ❑ G43. ____ Migraine in adults
- ❑ Other: _____

Vyvgart, Ultomiris, Imaavy

- ❑ G70.00 Myasthenia Gravis (gMG) without acute exacerbation
- ❑ G70.01 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 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)

- ❑ Induction: 40-59kg: 2400mg IV week 0, followed by 3000mg IV week 2
- ❑ Induction: 60–99kg: 2700mg IV week 0, followed by 3300mg IV week 2
- ❑ Induction: 100kg or greater: 3000mg IV week 0, followed by 3600mg IV week 2
- ❑ Maintenance: **(check one)** **Maintenance Refills**: _____
  - ❑ **40-59kg:** 3000mg IV every 8 weeks ❑ **50-99kg**: 3300mg IV every 8 weeks ❑ **100kg or greater**: 3600mg IV every 8 weeks

Uplizna (inebilizumab - cdon)

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

Vyepti (eptinezumab-jjmr)

- ❑ Administer Vyepti □ 100mg OR □ 300mg IV every 3 months **Maintenance Refills**: _____

Vyvgart (efgartigimod alfa-fcab)

- ❑ Administer 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)

- ❑ Administer 1,008mg / 11,200 u SC once weekly for 4 weeks
- ❑ **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:*** _____