## Neurology Order Form





Fax completed form to:

Related Remote   God Prizone	PATIENT INFORMATION				
Home Process:   Home Process	Patient Name:	Date of Birth:			
Secondary Contact:   Selegible   Weight:   Weight:   Weight:   Secondary   S		[ a mail			
PRIVATE IN PROVIDER INFORMATION  Projects Name: Pactice Na					
Projection Name:			Male Female		
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Address:  Supervisory Physician (if applicable):  Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office vicin tonts, history & physicia, bib & pertinent procedure results: Current medication is like 16 of prior medication tried and failed (with dates) Line excess documentation verification if applicable (what takes) Line excess documentation verification is a discission of the properties of failure of medical excessity if drug dosing or indication is outside of FIAB guidelines  **NURSING** & Lab ORDERS**  **Nursind** & Lab ORDERS**  **Nursing** & Lab ORDERS**  **Nursing** & La		LIC.π.			
Office Contacts:  Supervision (physician (if applicable):  Patient demographics & front/back (opy of all insurance cards (prescription & medical) Recent office wist notes, history & physical, lab & pertinent procedure results Gurrent medication list & list of prior medications tred and failed (with dates) Une access documentation or efficiation fagilicable Quantitative seum immunopolipubilin hab results (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) Till bia results within last 12 months (Uplican anyl) The last of the disposits of the last 12 months (Uplican anyl) The last of the last 12 months (Uplican anyl) The last 1					
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NURSING & LAB ORDERS  Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders.	Recent office visit notes, history & physical, lab & pertinent procedure results  Current medication list & list of prior medications tried and failed (with dates)  Line access documentation/verification if applicable  Quantitative serum Immunoglobulin lab results (Uplizna only)  HBV lab results within last 12 months (Uplizna only)  Date of diagnosis, current FVC%, ALSFRS-R score, and JourneyMate form (Radicava only)  Anti-acetylcholine receptor (AChR) antibody positive results (Vyvgart)  Letter of medical necessity if drug dosing or indication is outside of FDA guidelines				
Nurse Orders: Nature to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Place Orders: Nation Orders: Nati	· · · · · · · · · · · · · · · · · · ·				
Anaphylaxis Kit: Epinephrine 0.3mg IM as needed (Check all that apply)	<b>Nurse Orders:</b> Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. <b>Flush Orders:</b> NaCl 0.9% - 5-10mL flush pre and post infusion and as needed Heparin - 10units/mL <b>OR</b> 100units/mL -3-5mL flush after post-infusion NS flush if indicated to maintain line				
Pre-Medication: Section   Epinephrine 0.3mg   Mas needed   MS Hydration 500 m   Nover 30 minutes as needed   Other					
Pre-Medications:   Check all that apply    Order: All state apply    Order   Maintenance: Group   Very Companient   Maintenance: Group   Very Companient   Maintenance: Group   Very Companient   Very Companien		Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV as needed Solu-Medrol 60mg - 125mg IV as needed			
Check all that apply    Diphenhydramine   mg   PO OR   IV   minutes prior to infusion   Other					
Sthis a first dose?   Yes   No If No, when was last dose given?					
Is this a first dose? Ves No If No, when was last dose given?					
Induction: 60mg   V infusion via gravityOR pump over 1 hour daily for 14 days followed by 14 day drug-free period   NONE				REFILLS	
Maintenance: 60mg IV infusion via gravity — 0R pump over 1 hour daily for 10 days out of 14 day period followed by 14 day drug-free periods  Induction: 300mg IV infusion via gravity — 0R pump over approximately 90 minutes at 0 and 2 weeks and CBC lab testing everymonths NONE  Maintenance: (starting 6 months from first infusion) 300mg IV infusion via gravity — 0R pump over approximately 90 minutes every 12 weeks  100mg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks 300mg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — 0R pump over approximately 30 minutes					
UPLIZNA   Induction: 300mg IV infusion via gravityOR pump over approximately 90 minutes at 0 and 2 weeks and CBC lab testing everymonths	RADICAVA	Induction: 60mg IV infusion via gravityOR pump over 1 hour daily for 14 days followed by 14 day drug-free period		NONE	
WYEPTI 100mg IV infusion via gravityOR pump over approximately 90 minutes every 6 months  100mg IV infusion via gravityOR pump over approximately 30 minutes every 12 weeks  300mg IV infusion via gravityOR pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravityOR pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravityOR pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravityOR pump over at least 1 hour once every week for 4 weeks  **Up to max of 1200mg for patient weight of 120kg + (Total volume is 125ml in NS solution)  Administer additional treatment cycles every 50 daysOR Prescriber to evaluate treatment cycle frequency after completion of initial treatment cycle According to the Package Insert: Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle every 50 daysOR Prescriber to evaluate treatment cycle frequency after completion of initial treatment cycle According to the Package Insert: Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.  IG Refer to Immunoglobulin Form  SOLIRIS/ULTOMIRIS Refer to Soliris or Ultomiris Order Form  NONE		Maintenance: 60mg IV infusion via gravityOR pump over 1 hour daily for 10 days out of 14 day period followed by 14 day drug-free periods			
100mg IV infusion via gravityOR pump over approximately 30 minutes every 12 weeks  300mg IV infusion via gravityOR pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravityOR pump over at least 1 hour once every week for 4 weeks  **Up to max of 1200mg for patient weight of 120kg + (Total volume is 125ml in NS solution)  Administer additional treatment cycles every 50 daysOR Prescriber to evaluate treatment cycle frequency after completion of initial treatment cycle According to the Package Insert: Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.  1,008mg/11,200 units subcutaneous injection over approximately 30 to 90 seconds in cycles of once weekly injections for 4 weeks  Administer additional treatment cycles every 50 daysOR Prescriber to evaluate treatment cycle frequency after completion of initial treatment cycle According to the Package Insert: Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.  IG Refer to Immunoglobulin Form  SOLIRIS/ULTOMIRIS Refer to Soliris or Ultomiris Order Form  NONE	UPLIZNA			NONE	
WYVGART HYTRULO  300mg IV infusion via gravity — OR — pump over approximately 30 minutes every 12 weeks  10mg/kg IV infusion via gravity — OR — pump over at least 1 hour once every week for 4 weeks  *Up to max of 1200mg for patient weight of 120kg + (Total volume is 125ml in NS solution)  Administer additional treatment cycles every 50 days — OR — Prescriber to evaluate treatment cycle frequency after completion of initial treatment cycle According to the Package Insert: Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.  1,008mg/11,200 units subcutaneous injection over approximately 30 to 90 seconds in cycles of once weekly injections for 4 weeks  Administer additional treatment cycles every 50 days — OR — Prescriber to evaluate treatment cycle frequency after completion of initial treatment cycle According to the Package Insert: Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.  IG Refer to Immunoglobulin Form  SOLIRIS/ULTOMIRIS Refer to Soliris or Ultomiris Order Form  NONE					
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Administer additional treatment cycles every 50 daysOR	VYVGART	*Up to max of 1200mg for patient weight of 120kg+ (Total volume is 125ml in NS solution)  Administer additional treatment cycles every 50 days OR Prescriber to evaluate treatment cycle frequency after completion of initial treatment cycle  According to the Package Insert: Administer subsequent treatment cycles based on clinical evaluation; the safety of initiating subsequent cycles sooner than 50 days			
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OTHER NONE NONE	IG	Refer to Immunoglobulin Form			
UIHEK	SOLIRIS/ULTOMIRIS	Refer to Soliris or Ultomiris Order Form			
By signing this form and utilizing our services, you are authorizing Amerita to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.	OTHER			NONE	

Prescriber's Signature

<u>Dispense as Written</u>

Print Name

Date

Prescriber's Signature Substitution Permitted **Print Name** 

Date



