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					
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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)	Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Flush Orders: NaCl 0.9% - 5-10mL flush pre and post infusion and as needed Heparin - 10units/mL OR 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					
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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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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



