



Patient Information	Prescriber Information
Name:	Prescriber Name:
DOB:	NPI:
Address:	Address:
City: State:	City:
Zip: Weight:	State: Zip:
Phone:	Phone:
Allergies:	Fax:

Diagnosis (please provide ICD-10 code in space provided):

☐ Multiple Sclerosis
 ☐ Relapsing and Remitting
 ☐ Primary Progressive
 ☐ Polyneuropathy
☐ Migraine
 ☐ Myasthenia Gravis
 Other:

Nursing Orders: Hold infusion and notify provider for:

Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles.
 If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Drug	Dosing
Briumvi	☐ 150mg IV x1, then 450mg IV 2 weeks later, followed by 450mg IV every 24 weeks ☐ 450mg IV every 24 weeks x1 year Pre-med Protocol: Solu-Medrol 100mg IV and diphenhydramine 25mg PO/IV 30 minutes before infusion
Imaavy	☐ 30mg/kg IV x1, then 15mg/kg IV 2 weeks later, then 15mg/kg IV every 2 weeks thereafter ☐ 15mg/kg IV every 2 weeks
IVIg	Orders: mg/kg OR gm/kg IV divided over day(s) Frequency: Every weeks OR one time dose only Preferred brand: (Allied to determine brand if blank)
Ocrevus	☐ 300mg IV at 0 and 2 weeks, then 600mg IV every 6 months ☐ 600mg IV every 6 months Pre-med Protocol: Solu-Medrol 100mg IV and diphenhydramine 25mg PO/IV 30 minutes before infusion
Rystiggo	☐ <50kg: 420mg ☐ 50kg to <100kg: 560mg ☐ ≥100kg: 840mg SubQ weekly x6 *Cycle may be repeated ≥ 63 days from start of previous cycle. Subsequent cycles may be ordered as appropriate
Soliris	☐ 900mg IV weekly for the first 4 weeks, followed by 1200mg for the fifth dose 1 week later, then ☐ 1200mg IV every 2 weeks
Tysabri	☐ 300mg IV every 4 weeks
Ultomiris	Loading dose: ☐ 2,400mg (40-59kg) ☐ 2,700mg (60-99kg) ☐ 3,000mg (100kg+) IV Maintenance dose (2 weeks later): ☐ 3,000mg (40-59kg) ☐ 3,300mg (60-99kg) ☐ 3,600mg IV (100kg+) IV every 8 weeks
Vyepti	☐ 100mg IV every 3 months OR ☐ 300mg IV every 3 months
Vyvgart	☐ 10mg/kg IV once weekly for 4 weeks (<120kg) ☐ 1200mg IV once weekly for 4 weeks (≥120kg)
Vyvgart Hytrulo	☐ 1,008mg / 11,200 units subcutaneously Frequency: ☐ weekly for 4 weeks ☐ every week

Premedications:

☐ Tylenol 650mg PO ☐ Benadryl 25mg IV or PO ☐ Solu-Medrol IV 40mg, 125mg or mg
☐ Other: IV or PO

Order valid for one year unless otherwise indicated. IV solutions and diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.

Prescriber Name (Please print): Contact Person:

Prescriber Signature: Date:

Please include a copy of the latest insurance information as well as all applicable clinical notes.