Myasthenia Gravis Referral Form

Please send the following with clinical documentation, which includes visit, physical and history notes, plus lab results for last 3 months, to:

p: 844.575.1515 | f: 844.797.5050 | e: specialtyreferrals@soleohealth.com

This form is not a valid prescription

✂ Please detach before submitting to a pharmacy. Cut or tear here.

PATIENT INFORMATION

Patient Name		DOB	Contact Phone
Address	City	State	Zip
Gender ☐ M ☐ F	Social Security, last 4 digits	Weight (lb.)	Height (in.)
☐ NKDA	☐ Allergies		Date
ICD-10 code (required)		ICD-10 description	
Patient Status: ☐ New to Therapy ☐ Previously Treated		AChR Results ☐ POS ☐ NEG	Meningococcal Vaccines ☐ Yes ☐ No

PRESCRIBER INFORMATION

Ordering Prescriber		Prescriber NPI	
Practice Name		Phone	Fax
Practice Address	City	State	Zip

REQUIRED DOCUMENTATION

☐ Insurance Cards	☐ History & Physical	☐ MGFA Classification and MG ADL	☐ Most Recent Labs	☐ Medication List

MYASTHENIA GRAVIS TREATMENT PLAN

☐ Ultomiris® Loading dose: Infuse _____mg IV Maintenance dose: 2 weeks following the loading dose infuse _____mg every _____weeks	☐ Soliris® Administer 900mg once weekly for 4 weeks, then give 1200mg at week 5. Then administer 1200mg IV every 2 weeksthereafter
☐ Vyvgart® Administer 10mg/kg IV weekly over 1 hour weekly for 4 weeks	☐ Vyvgart Hytrulo® Administer 1008mg and 11200 units of hyaluronidase subcutaneously over 30 to 90 seconds weekly for 4 weeks
☐ Imaavy™ Initial Loading Dose: 30 mg/kg administered intravenously (IV) Maintenance Dose: 15 mg/kg IV once every two weeks after the loading dose	☐ Uplizna® Initial Loading Dose: 300 mg IV for the first two doses given two weeks apart Maintenance Dose: 300 mg intravenous infusion every six months
☐ Rystiggo® Administer ☐ (<50kg) 420mg ☐ (50kg-100kg) 560mg ☐ (100kg and above) 840mg once weekly for 6 weeks Maintenance: Begin after clinical evaluation post-cycle at a frequency of _____ weeks from the last dose, and a dose of _____mg.	
☐ Other	Include dosage, frequency and any other special instructions.
☐ Refill for 1 year	

NURSING

Skilled RN to establish and maintain vascular access as needed, draw ordered labs, conduct patient assessments, and educate on home infusion, medication administration, self-monitoring and safety.

PREMEDICATION

☐ Include premedication per Pharmacy's infusion protocol.

☐ Other _____

LABORATORY ORDERS

☐ CBC every _____

☐ CMP every _____

☐ Other

The Pharmacy may contact the prescriber to comply with state-specific requirements. The prescriber is required to comply with any applicable state-specific prescription requirements (e.g., e-prescribing, prescription forms).