

PATIENT INFORMATION

PATIENT NAME: _____ **PHONE:** _____
DATE OF BIRTH: _____ **SEX:** ☐ M ☐ F **HEIGHT:** _____ **WEIGHT:** _____ ☐ LBS ☐ KG
ALLERGIES: _____ **PREFERRED CLINIC:** _____
REFERRAL STATUS: ☐ NEW REFERRAL ☐ ORDER CHANGE ☐ ORDER RENEWAL

DIAGNOSIS & CLINICAL DOCUMENTATION

☐ D59.30 Hemolytic Uremic Syndrome (aHUS) ☐ G70.00 Myasthenia Gravis without acute exacerbation
☐ D59.5 Paroxysmal nocturnal hemoglobinuria (PNH) ☐ G70.01 Myasthenia Gravis with acute exacerbation
☐ G36.0 Neuromyelitis optica (NMOSD)
☐ ICD-10 CODE: _____ **DESCRIPTION:** _____

REQUIRED DOCUMENTATION

☐ Insurance Information ☐ List of Medications ☐ Tried & Failed Therapies ☐ Most Recent History & Physical ☐ anti-AChR or anti-AQP4 Status ☐ Meningococcal vaccine records

MEDICATION ORDER
PRE-MEDICATIONS
For PNH
PO

☐ **LOADING:** Soliris® (eculizumab) 600mg IV per protocol weekly for 4 weeks, followed by 900mg IV at week 5
☐ **MAINTENANCE:** Soliris® (eculizumab) 900mg IV per protocol every 2 weeks
 *Maintenance dosing scheduled 2 weeks following last loading dose at week 5

☐ Acetaminophen: 650 mg
☐ Cetirizine: 10 mg
☐ Diphenhydramine: 25 mg

IV

☐ Methylprednisolone: 125 mg
☐ Diphenhydramine: 25 mg

FOR aHUS, gMG, NMOSD

☐ **LOADING:** Soliris® (eculizumab) 900mg IV per protocol weekly for 4 weeks, followed by 1200mg IV at week 5
☐ **MAINTENANCE:** Soliris® (eculizumab) 1200mg IV per protocol every 2 weeks
 *Maintenance dosing scheduled 2 weeks following last loading dose at week 5

☐ **OTHER:** _____ ☐ PO ☐ IV

☐ **OTHER:** _____

☒ **REFILL X 12 MONTHS UNLESS OTHERWISE NOTED HERE:** _____

Patient to be observed for 60 minutes following each infusion.
 In the event of an adverse reaction occurring in the infusion clinic, utilize the Immersiv Health adverse reaction protocol.

PRESCRIBER INFORMATION

PROVIDER NAME: _____ **NPI #:** _____

EMAIL: _____ **PHONE:** _____ **FAX:** _____

ADDRESS (INCLUDE CITY, STATE, ZIP): _____

SUPERVISING PHYSICIAN: _____ **CONTACT NAME:** _____
(IF APPLICABLE)

SIGNATURE: _____ **DATE:** _____
(NO STAMPS)

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN