

# SOLIRIS® (eculizumab) Referral Form



**Patient Preferred Clinic** (select one):

## PATIENT INFORMATION

### Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:		Patient Email:	
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

## PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

## NURSING

Infusion to be administered per Vivo protocols.

## SOLIRIS THERAPY ADMINISTRATION

### LABORATORY ORDERS

CBC At each dose Every \_\_\_\_\_  
CMP At each dose Every \_\_\_\_\_  
CRP At each dose Every \_\_\_\_\_  
OTHER \_\_\_\_\_

### PNH DIAGNOSIS

Initial Dosing: 600mg IV weekly for the first 4 weeks, followed by 900mg IV for the fifth dose 1 week later, then 900mg IV every 2 weeks thereafter

Maintenance Dose: 900mg IV every 2 weeks x 1 year

## REQUIRED DOCUMENTATION

Patient Demographics	Patient has had the meningococcal vaccines (both MenACWY and MenB)
Insurance Card/Information	MGFA Classification _____
Progress Notes Supporting DX	Complete Metabolic Panel
Current Medication List and H&P	Positive AchR (gMG)
MG-ADL Score _____	
Positive AQP4	

### aHUS, gMG, and NMOSD DIAGNOSIS

Initial Dosing: 900mg IV weekly for the first 4 weeks, followed by 1200mg IV for the fifth dose 1 week later, then 1200mg IV every 2 weeks thereafter

Maintenance Dose: 1200mg IV every 2 weeks

\*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. \*\*Order is valid for one year unless otherwise noted\*\*

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Email Referrals To: [referrals@vivoinfusion.com](mailto:referrals@vivoinfusion.com) OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 800-540-1852	New Jersey: 800-540-1852	Pennsylvania: 215-399-9244	

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