## BKEMV™ (eculizumab-aeeb) Referral Form





PATIENT INFORMATION			New Referral	Updated Ref	ferral	Referral Renewal		
DOB: Patient Name:			Patient Phone:					
Patient Address:			Patient Email:					
NKDA Allergies:			\	Weight (lbs/kg)	:	Height:		
ICD-10 Code (required): ICD-10 Description:		Last Treat	ast Treatment Date: Last 4 Digits SSN:					
PROVIDER INFORMATION								
Referral Coordinator Name:			pordinator Email:					
Ordering Provider:			Provider NPI:					
Referring Practice Name:		Phone:		Fax:				
Practice Address:		City:		State:	Zip Co	de:		
Physician Preferred Method of Contact	t: Email:		Fax:		Phone:			
STANDING ORDERS  Infusion to be administered per Viv	o protocols	BKEMV	ADMINISTRATIO	N				
CBC every CMP every OTHER			Initial Dosing: 600m	th dose 1 weel	k later, the	4 weeks, followed by in 900mg IV every 2 x 1 year		
REQUIRED DOCUMENTATION		aHUS and gMG DIAGNOSIS						
Patient Demographics Insurance Card/Information	Demographics Patient has had the meningococcal vaccines (both			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				
Progress Notes Supporting DX		Maintenance Dose: 1200mg IV every 2 weeks						
Current Medication List and H&P  MG-ADL Score  Positive AQP4	Complete Metabolic Panel Positive AchR (gMG)		aHUS only - weight based dosing for patients less than 18 years o					
*Consider administering premedication for Provider Name (Print)	or prophylaxis against infusion reaction Provider Sig		nsitivity reactions. **C	Order is valid for o	one year un			
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## Email Referrals To: 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: 781-202-1629 New Jersey: 609-955-3711 Pennsylvania: 215-399-9244