Soliris® (eculizumab) Referral Form





			Patient Phone	e:	
		Patient Email:			
		١	Weight (lbs/kg):	Height:	
tion:	Last Treatment Date: Last 4 Digits SSN:				
	Referral Coordinator Email:				
	Provider NPI:				
	Phone:		Fax:		
	City:		State:	Zip Code:	
ail:		Fax:	Ph	none:	
	SOLIRIS A	DMINISTRATION	N		
CBC every CMP every OTHER			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		aHUS, gMG, and NMOSD DIAGNOSIS			
gococcal vaccines (both CWY and MenB)	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				
Progress Notes Supporting DX MGFA Classification Current Medication List and H&P Complete Metabolic Panel MG-ADL Score Positive AchR (gMG) Positive AQP4		aHUS only - weight based dosing for patients less than 18 years old			
xis against infusion reactions Provider Sigr		itivity reactions. **C	order is valid for one	year unless otherwise noted** Date	
t E C C	e AchR (gMG) xis against infusion reactions	Referral Coo Provider NP Phone: City: nail: SOLIRIS A S. If 9 W N Classification ete Metabolic Panel a AchR (gMG) xis against infusion reactions and hypersens	Referral Coordinator Email: Provider NPI: Phone: City: nail: Fax: SOLIRIS ADMINISTRATION S. PNH Initial Dosing: 600m 900mg IV for the fif weeks thereafter Maintenance Dose: aHUS, gM Initial Dosing: 900m 1200mg IV for the fif weeks thereafter Maintenance Dose: aHUS, gM Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter All Initial Dosing: 900m 1200mg IV for the fif weeks thereafter	Referral Coordinator Email: Provider NPI: Phone: Fax: City: State: Philiail: Fax: Pr SOLIRIS ADMINISTRATION S. PNH DIAGNOSIS Initial Dosing: 600mg IV weekly for the 900mg IV for the fifth dose 1 week la weeks thereafter Maintenance Dose: 900mg IV every 2 AHUS, gMG, and NMOSD Initial Dosing: 900mg IV weekly for the 1200mg IV for the fifth dose 1 week la weeks thereafter Maintenance Dose: 1200mg IV every aHUS, gMG, and NMOSD Initial Dosing: 900mg IV weekly for the 1200mg IV for the fifth dose 1 week la weeks thereafter Maintenance Dose: 1200mg IV every aHUS only - weight based dosing for get Metabolic Panel The AchR (gMG) AHUS only - weight based dosing for get wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions. **Order is valid for one set wis against infusion reactions and hypersensitivity reactions.	

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
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Massachusetts: 781-202-1629 New Jersey: 609-955-3711 Pennsylvania: 215-399-9244