

# Soliris® (eculizumab) Referral Form



**Preferred Clinic** (select one):

## PATIENT INFORMATION

New Referral

Updated Referral

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 Treatment Date: |
|                         |                     | Last 4 Digits SSN:   |

## PROVIDER INFORMATION

|                                        |                             |        |           |
|----------------------------------------|-----------------------------|--------|-----------|
| Referral Coordinator Name:             | Referral Coordinator Email: |        |           |
| Ordering Provider:                     | Provider NPI:               |        |           |
| Referring Practice Name:               | Phone:                      | Fax:   |           |
| Practice Address:                      | City:                       | State: | Zip Code: |
| Physician Preferred Method of Contact: | Email:                      | Fax:   | Phone:    |

## STANDING ORDERS

☒ Infusion to be administered per Vivo protocols.

## LABORATORY ORDERS

CBC w/ diff every \_\_\_\_\_  
CMP every \_\_\_\_\_  
OTHER \_\_\_\_\_

## SOLIRIS ADMINISTRATION

### 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

aHUS only - weight based dosing for patients less than 18 years old

\*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: 781-202-1629 | New Jersey: 609-955-3711 | Pennsylvania: 215-399-9244 |                         |

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