

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____ Sex: M / F Ht: _____ Wt: _____ lbs / kg
 Primary Language: _____ Allergies: _____
 Patient Preferred Location: _____

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code

- D58.8 Other Specified Hereditary Hemolytic Anemias
- D59.3 Hemolytic Uremic Syndrome
- D59.4 Other Non-Autoimmune Hemolytic Anemias (including Microangiopathic Hemolytic Anemia)
- D59.5 Paroxysmal Nocturnal Hemoglobinuria
- D59.8 Other Acquired Hemolytic Anemias

- G36.0 Neuromyelitis Optica
- G70.00 Generalized Myasthenia Gravis, w/o Acute Exacerbation
- G70.01 Generalized Myasthenia Gravis, w/ Acute Exacerbation
- Other: _____

Prescribing Information

Meningococcal document required for all diagnoses. See Pre-Medications and Required Labs by diagnosis below.

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.
LAB RESULTS: Include labs to support diagnosis.

PRESCRIPTION

Soliris (eculizumab)

Administer over at least 35 minutes in adults, not to exceed 2 hours. In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

Post Treatment Observations: The patient is observed for 60 minutes following the first infusion.

SOLIRIS	DILUENT VOLUME	FINAL VOLUME
300 mg	30 mL	60 mL
600 mg	60 mL	120 mL
900 mg	90 mL	180 mL
1200 mg	120 mL	240 mL

PAROXUSMAL NOCTURNAL HEMOGLOBINURIA (PNH)

Loading Dose:

- IV: Infuse 600 mg dose weekly for first 4 weeks followed by 900 mg dose at week 5

Maintenance Dose:

- IV: Infuse 900 mg dose every 2 weeks for one year

Pre-Medications

- Acetaminophen: 650 mg PO
- Cetirizine: 10 mg PO
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IVP
- Other: _____

Required Labs

- Baseline Serum Lactate Dehydrogenase (LHD) Hemoglobin Level
- Documented Meningococcal Vaccine

ATYPICAL HEMOLYTIC UREMIC SYNDROME (aHUS)

Loading Dose:

- IV: Infuse 900 mg dose weekly for first 4 weeks followed by 1200 mg dose at week 5

Maintenance Dose:

- IV: Infuse 1200 mg dose every 2 weeks for one year

Pre-Medications

- Acetaminophen: 650 mg PO
- Cetirizine: 10 mg PO
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IVP
- Other: _____

Required Labs

- Baseline Serum Lactate Dehydrogenase (LHD) Hemoglobin Level
- Serum Creatinine/eGFR
- Platelet Count
- Plasma Exchange
- Documented Meningococcal Vaccine

GENERALIZED MYASTHENIA GRAVIS (gMG) & NEUROMYELITIS OPTICA SPECTRUM DISORDER (NMOSD)

Loading Dose:

- IV: Infuse 900 mg dose weekly for first 4 weeks followed by 1200 mg dose at week 5

Maintenance Dose:

- IV: Infuse 1200 mg dose every 2 weeks for one year

Pre-Medications

- Acetaminophen: 650 mg PO
- Cetirizine: 10 mg PO
- Diphenhydramine: 25 mg PO
- Diphenhydramine: 25 mg IVP
- Other: _____

Required Labs

- Positive Serologic Test for Anti-AChR Antibodies
- Documented Meningococcal Vaccine

PRESCRIBER INFORMATION

Prescriber Name: _____ *Signature:* _____

Date: _____ NPI #: _____ Specialty: _____

Supervising Physician: _____ (If Applicable)

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____