ALLIED INFUSION SERVICES

Soliris (eculizumab) Order

Phone: 713-222-2364 or 1-888-538-0060
Fax: 832-698-3961

Patient Information

Name: _____
DOB: _____
Address: _____
City: _____ State: _____
Zip: _____ Weight: _____
Phone: _____
Allergies: _____

Prescriber Information

Prescriber Name: _____
NPI: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____

Diagnosis (please provide ICD-10 code in space provided):

____ Myasthenia Gravis without (acute) exacerbation ____ Myasthenia Gravis with (acute) exacerbation
____ Neuromyelitis optica
____Other: _____

Nursing Orders: Hold infusion and notify provider for:

Signs/symptoms of illness or active infection, planned/recent surgical procedures, cough, night sweats, unintended weight loss, recent live vaccinations, active shingles.
If infusion related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Premedications:

☐ Tylenol 650mg PO ☐ Loratadine 10mg PO ☐ Benadryl 25mg IV or PO ☐ Solu-Medrol 40mg, 125mg or ____ mg
☐ Other: _____

Order valid for one year unless otherwise indicated. IV solutions and diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.

SOLIRIS IV	☐ Induction and Maintenance: Infuse 900mg IV over minimum of 35 minutes once weekly x 4 weeks. Infuse 1200mg IV over minimum of 35 minutes starting at Week 5, then every 2 weeks therafter x 1 year. ☐ Maintenance Only: Infuse 1200mg IV over minimum of 35 minutes every 2 weeks x 1 year. ☐ Other: _____ Mix 900mg in 90 ml 0.9% sodium chloride Mix 1200mg in 120 ml 0.9% sodium chloride

Prescriber Name (Please print): _____
Prescriber Signature: _____ Date: _____

Please include a copy of the latest insurance information as well as all applicable clinical notes.
Email to: orders@alliedinfusion.com Fax to: 832-698-3961

By signing this form, you certify that the use of the selected treatment is medically necessary and you will be supervising the treatment of the patient. Additionally, you authorize Allied Infusion Services to act as your prior authorization designated agent when interacting with medical and prescription payors and patient assistance programs.