ECULIZUMAB (AND BIOSIMILAR) ORDER FORM

❏ Soliris (eculizumab) ❏ Bkemv (eculizumab-aeeb)

❏ Dispense As Written (DAW)

Will substitute for biosimilar or reference product based on insurance and availability

PATIENT INFORMATION

Patient Name: ______________________________ DOB: ______________

Mobile Number: ____________________ Patient Weight: ____________________kg

Allergies: ____

❏ Patient has known difficult venous access. Comments:____________________

❏ New Start Therapy | ❏ Continuation of Therapy & Date of last dose (if applicable): ______________

DIAGNOSIS (Provider must specify)

❏ Myasthenia Gravis (without acute exacerbation), ICD 10: G70.00

❏ Myasthenia Gravis with acute exacerbation, ICD 10: G70.01

❏ Neuromyelitis Optica Spectrum Disorder, ICD 10: G36.0

❏ Other:____

PROVIDER INFORMATION

Provider Name (print name): ______________________ Provider NPI:______________

Signature: ______________________________ Date: ______________

Contact Name: ____________________ Phone: ____________ Fax: ______________

Email Address: ____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

❏ Demographics ❏ Labs and tests supporting diagnosis ❏ Office/progress notes

PRE-MEDICATION (Not typically indicated)

❏ Acetaminophen (Tylenol) 500 mg PO ❏ Famotidine 20 mg IV ❏ Methylprednisolone (Solu-Medrol) 125 mg IVP

❏ Benadryl 25mg PO ❏ Cetirizine (Zyrtec) 10 mg PO

❏ Other: ______________________ Dose: ____________ Route: ____________

MEDICATION

MEDICATION	DOSE / FREQUENCY	ROUTE
Soliris	❏ Initial: 900 mg weekly X 4 weeks, 1200 mg week 5, then 1200 mg every 2 weeks thereafter. ❏ Maintenance: 1200 mg every 2 weeks ❏ Other: ______________ ______________	IV

LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: ______________

FAX NUMBERS:

❐ CT: 203.433.0621
❐ FL: 904.877.9270
❐ MA: 413.296.8482
❐ MD: 240.224.8607
❐ ME: 207.407.7272
❐ NC: 919.984.8698
❐ NH: 603.217.5371
❐ NJ: 201.581.4521
❐ NY: 631.250.6020
❐ OH: 937.871.4594
❐ PA: 610.273.5998
❐ SC: 864.973.6279
❐ VA: 703.202.0499