



# Eculizumab (Soliris) Patient Referral Form

Admissions Fax # 844-878-6917

Admissions Phone # 855-WE-R-RARE (855-937-7273)

## Patient Demographics Information

Patient Name		SSN#	DOB
Patient Address			
Primary Phone	Cellular Phone	Work Phone	
Emergency Contact Name, Relationship		Emergency Contact Phone Number	

## Additional Documentation Needed

<input type="checkbox"/> Copy of insurance cards	<input type="checkbox"/> History and Physical	<input type="checkbox"/> Recent vitals including blood pressure
<input type="checkbox"/> Patient face sheet w/demographics	<input type="checkbox"/> CBC w/diff, BMP, & CMP	<input type="checkbox"/> Meningitis vaccine (REMS requirement)

## Patient Insurance Information

Insurance Plan #1	Insurance Plan #2		
Subscriber Name	DOB	Subscriber Name	DOB
Policy Number	Group ID	Policy Number	Group ID

## Patient Clinical Information

Gender <input type="checkbox"/> M <input type="checkbox"/> F	Height (inches)	Weight (lbs.)	Allergies (food/drug)
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## Statement of Medical Necessity / Primary Diagnosis

ICD10:	Description of diagnosis:
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## Medication Information / Prescription and Orders

<b>Medication:</b>  Soliris	<b>Directions:</b> Infuse IV per manufacturer guidelines <b>OR</b> over _____ hours. Titration rate according to package insert. Dilute Soliris dose in Sodium Chloride 0.9% to a final concentration of 5mg/mL.	*If subsequent treatment cycles only Date of last infusion:  Next dose due:
<input type="checkbox"/> Initial treatment cycle 900 mg IV weekly x4 weeks, followed by 1200 mg IV for 5th dose 1 week later, #QS, refills 0 <input type="checkbox"/> Subsequent treatment cycles 1200 mg IV every 2 weeks, #1 dose, refill x12mos <b>OR</b> <input type="checkbox"/> other _____		

## Line Access

RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per Heritage Biologics policy.

Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium chloride 0.9% IV before and after medication administration or every 24 hours while IV access in place.

Sodium Chloride 0.9% 10 mL STERILE Flush: Flush with 5-10 mL STERILE sodium chloride 0.9% IV as needed for port access.

Heparin Lock 100U/mL 5 mL Flush: Lock with 5 mL heparin 100U/mL after each use or daily while port accessed.

## Quantity/Refills

Dispense:  
Quantity #QS + PRN refills unless otherwise noted  
 Other

## Adverse Reaction Orders

In the event of an infusion reaction (ie: musculoskeletal pain, fevers, chills, rigors, headache) the following orders will be followed and physician will be notified:

- Mild reaction: Pause infusion for 10 minutes, resume infusion at previously tolerated rate.
- Moderate reaction: Pause infusion, administer Diphenhydramine 25 mg PO x1 dose.  
If needed, give additional dose of Diphenhydramine 25 mg PO. Notify Pharmacist.
- Severe reaction (w/breathing problems): CALL 911, administer Epinephrine 0.3 mg IM.

## Prescriber Information

Physician Name		Office Contact	
Practice Address		Practice Phone	
NPI#	License #	DEA#	
Physician Signature Required - Substitution Permitted		Date	Physician Signature Required - Dispense as Written
			Date