HERITAGE SPECIALTY PHARMACY

Eculizumab-aagh (Epysqli) 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

- ▪ Copy of insurance cards
- ▪ Patient face sheet w/demographics
- ▪ History and Physical
- ▪ CBC w/diff, BMP, & CMP
- ▪ Recent vitals including blood pressure
- ▪ Meningitis vaccine history (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 ☐M ☐F	Height (inches)	Weight (lbs.)	Allergies (food/drug)

Statement of Medical Necessity / Primary Diagnosis

ICD10: Description of diagnosis:

Medication Information / Prescription and Orders

Medication:

Epysqli

Directions:

Infuse IV per manufacturer guidelines (over 35 minutes, not to exceed 2 hours).
Titration rate according to package insert.
Dilute Epysqli 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:

gMG & aHUS dosing: ☐Initial treatment cycle: 900 mg IV weekly x4 weeks, followed by 1200 mg IV for 5th dose 1 week later, #QS, refills 0

☐Subsequent treatment cycles: 1200 mg IV every 2 weeks

PNH dosing: ☐Initial treatment cycle: 600 mg IV weekly x4 weeks, followed by 900 mg IV for 5th dose 1 week later, #QS, refills 0

☐Subsequent treatment cycles: 900 mg IV every 2 weeks

Quantity/Refills

Initial Cycle: #QS (5 doses) with no refills

Subsequent Cycle(s): #2 doses with 12 months refills

Other: Qty _____ doses ____ refills

Line Access

RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per Heritage Specialty Pharmacy polic

☐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

☑ Post infusion, administering RN to monitor patient for at least 1hr, for first two infusions, and at least 15min for subsequent infusions.
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): Administer EPINEPHrine 0.3 mg IM and call 911. May repeat in 5-15min as needed.

Prescriber Information

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