

Eculizumab-aagh (Epysqli) Patient Referral Form

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
- History and Physical
- Recent vitals including blood pressure
- Patient face sheet w/demographics
- CBC w/diff, BMP, & CMP
- 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 <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

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:
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<p>gMG & aHUS dosing: <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</p> <p><input type="checkbox"/> Subsequent treatment cycles: 1200 mg IV every 2 weeks</p> <p>PNH dosing: <input type="checkbox"/> Initial treatment cycle: 600 mg IV weekly x4 weeks, followed by 900 mg IV for 5th dose 1 week later, #QS, refills 0</p> <p><input type="checkbox"/> Subsequent treatment cycles: 900 mg IV every 2 weeks</p>	<p>Quantity/Refills</p> <p>Initial Cycle: #QS (5 doses) with no refills</p> <p>Subsequent Cycle(s): #2 doses with 12 months refills</p> <p>Other: Qty ____ doses ____ refills</p>
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Line Access

- RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per prescriber orders.
- ☐ 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