REVITALIZE
INFUSION CENTER

Soliris®

Infusion Order Form

Patient Information:

_____	_____	_____
Patient Name	**DOB**	**Phone Number**

Medical Information:

Primary Diagnosis:

☐ Atypical Hemolytic Uremic Syndrome (aHUS)	ICD-10 Code: D59.3___
☐ Myasthenia Gravis (MG)	ICD-10 Code: G70.____
☐ Neuromyelitis Optica Spectrum Disorders (NMOSD)	ICD-10 Code: G36.0__
☐ Paroxysmal Nocturnal Hemoglobinuria (PNH)	ICD-10 : D59.5_____
☐ Other_____	ICD-10 Code: _____

Allergies: _____(or attach list)

Clinical Information – Please include with Completed Order Form:

- Patient Demographic and Insurance Information
- Clinical notes supporting primary diagnosis
- Active Medication List
- Relevant labs and serological tests as applicable
- Required Information:
  - Prescriber is enrolled in Soliris REM Program: _____
  - Documentation of meningococcal vaccines

Height: _____

Weight: _____

Soliris (eculizumab) Orders:

☐ **aHUS, MG, NMOSD**

☐ Initial Dose: Infuse 900 mg intravenously weekly for 4 weeks, followed by 1200 mg intravenously the following week and then 1200 mg intravenously every two weeks thereafter to provide six (6) doses

☐ Maintenance Dose: Infuse 1200 mg intravenously every two (2) weeks for one year

☐ **PNH**

☐ Initial Dose: Infuse 600 mg intravenously weekly for 4 weeks, followed by 900 mg intravenously the following week and then 900 mg intravenously every two weeks thereafter to provide six (6) doses

☐ Maintenance Dose: Infuse 900 mg intravenously every two (2) weeks for one year

Pre-Medication Orders: Acetaminophen 650 mg PO given 30 minutes prior to each infusion

☐ Other: _____

Lab Orders: _____

Prescriber Information:

By signing this form and requesting these services from Revitalize, I authorize Revitalize and it's clinical team to serve as my Prior Authorization Agent with the Patient's Insurance Provider(s).

_____	_____
Prescriber's Signature	**Date**
_____	_____
Prescriber's Printed Name	**Contact Phone #:**

For Information About Revitalize and or Infusion Plus, please scan the QR code below:

Revitalize | Revitalize Locations | InfusionPlus