



SOLIRIS (ECULIZUMAB) INFUSION ORDERS

PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION/MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

Diagnosis: Paroxysmal nocturnal hemoglobinuria (PNH) ICD-10 Code: _____
 Atypical hemolytic uremic syndrome (aHUS) ICD-10 Code: _____
 Myasthenia Gravis (gMG) with AchR antibody positive ICD-10 Code: _____

Patient Weight: _____ lbs. **Allergies:** _____

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis and including past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy.
 Positive serologic test for anti-AChR antibodies (if Myasthenia Gravis diagnosis)

Labs: Required labs to be drawn by: Infusion Clinic Referring Physician

Lab Orders: _____

SOLIRIS ORDERS

Adult Dosing:

- PNH
600mg IV weekly for first 4 weeks, followed by 900mg IV for the fifth dose 1 week later, then 900mg IV every 2 weeks thereafter
- aHUS and gMG
900mg IV weekly for the first 4 weeks, followed by 1200mg for the fifth dose 1 week later, then 1200mg IV every 2 weeks thereafter

Required:

- Yes No - Patient has had the meningococcal vaccine
 Yes No - Patient is enrolled in Soliris REMS Program

Additional Orders/Comments:

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing Paragon Healthcare, Inc. and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATION

<input type="checkbox"/> Arlington P: 817.200.2530 F: 817.509.0011	<input type="checkbox"/> Austin P: 512.261.4800 F: 512.261.4803	<input type="checkbox"/> Dallas P: 972.408.2777 F: 469.913.6894	<input type="checkbox"/> Houston P: 713.860.1755 F: 713.277.7219	<input type="checkbox"/> Knoxville P: 865.299.7525 F: 865.338.5604	<input type="checkbox"/> North Hills P: 817.284.2700 F: 817.284.2701	<input type="checkbox"/> Plano P: 469.974.0565 F: 469.608.2072	<input type="checkbox"/> Round Rock P: 737.443.5230 F: 737.402.7698	<input type="checkbox"/> San Antonio P: 210.366.4358 F: 210.366.4896	<input type="checkbox"/> Stone Oak P: 210.485.3700 F: 210.390.1738
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