


<div>SOLIRIS / ULTOMIRIS REFERRAL FORM</div> <div>Date: _____</div>		<div>SUPERIOR BIOLOGICS</div> <div>Fax Referral To: 914-747-1170</div> <div>Phone: 855-747-1150</div>		<div></div>			
<div>Patient Information</div> <div>Patient Name: _____</div> <div>Address: _____</div> <div>City, State, Zip: _____</div> <div>Home Phone: _____</div> <div>Cell Phone: _____</div> <div>DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</div>			<div>Prescriber Information</div> <div>Prescriber Name: _____</div> <div>Address: _____</div> <div>City, State, Zip: _____</div> <div>Phone: _____ Fax: _____</div> <div>DEA: _____ NPI #: _____</div> <div>Contact Person: _____</div>				
<div>INSURANCE INFORMATION (Please attach the front and back of insurance and prescription drug cards)</div> <div>Primary Insurance: _____ ID#: _____ Group: _____</div> <div>Secondary Insurance: _____ ID#: _____ Group: _____</div> <div>Prescription Card: _____ ID#: _____ BIN#: _____ PCN#: _____ Group: _____</div>							
<div>DIAGNOSIS &amp; CLINICAL ASSESSMENT (Fill in below or attach lab work)</div> <div><input type="checkbox"/> New to Therapy <input type="checkbox"/> Currently on Therapy <input type="checkbox"/> Date of Last IVIG Infusion: _____ <input type="checkbox"/> IVIG Dosing Regimen: _____</div> <div>Diagnosis: <input type="checkbox"/> G70.00 Myasthenia Gravis without (acute) exacerbation <input type="checkbox"/> G70.01 Myasthenia Gravis with (acute) exacerbation <input type="checkbox"/> in crisis</div> <div><input type="checkbox"/> D59.3 atypical Hemolytic Uremic Syndrome (aHUS) <input type="checkbox"/> D59.5 PNH <input type="checkbox"/> G36.0 Neuromyelitis Optica Date of Diagnosis: _____</div> <div>Weight: _____ Height: _____ Date: _____ Allergies: _____ Date of MenACWY: _____ Date of MenB: _____</div> <div>Previously on PLEX treatment <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last treatment: _____ Is patient AchR antibody positive? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Is the Patient Anti-Aquaporin-4 (AQP4) antibody positive? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes/Comments: _____</div>							
<div>Soliris (eculizumab)</div> <div>Strength</div> <div>Directions</div>			<div>Ultomiris (ravulizumab)</div> <div>Strength</div> <div>Directions</div>				
<div>Injection:</div> <div>300mg / 30mL</div> <div>(10mg/mL) in a</div> <div>single-dose vial</div>		<div><input type="checkbox"/> For treatment of Myasthenia Gravis:</div> <div><input type="checkbox"/> 900mg weekly for the first 4 weeks, followed by <input type="checkbox"/> 1200mg for the fifth dose 1 week later, then <input type="checkbox"/> 1200mg every 2 weeks thereafter.</div> <div><input type="checkbox"/> For treatment of aHUS – 18 years or older:</div> <div><input type="checkbox"/> 900mg weekly for the first 4 weeks, followed by <input type="checkbox"/> 1200mg for the fifth dose 1 week later, then <input type="checkbox"/> 1200mg every 2 weeks thereafter.</div> <div><input type="checkbox"/> For treatment of NMOSD:</div> <div><input type="checkbox"/> 900mg weekly for the first 4 weeks, followed by <input type="checkbox"/> 1200mg for the fifth dose 1 week later, then <input type="checkbox"/> 1200mg every 2 weeks thereafter.</div> <div><input type="checkbox"/> For treatment of PNH – 18 years or older:</div> <div><input type="checkbox"/> 600mg weekly for the first 4 weeks, followed by <input type="checkbox"/> 900mg for the fifth dose 1 week later, then <input type="checkbox"/> 900mg every 2 weeks thereafter.</div> <div>Orders and Medications</div> <div>Other: _____</div>		<div>Injection:</div> <div>300mg/30mL</div> <div>(10mg/mL) in a</div> <div>single dose vial</div> <div><input type="checkbox"/> 300mg/3 mL</div> <div>(100mg/mL) in a</div> <div>single dose vial</div> <div><input type="checkbox"/> 1,100mg/11mL</div> <div>(100mg/mL) in a</div> <div>single dose vial</div> <div>* Do not mix ULTOMIRIS 100 mg/mL (3mL and 11mL vials) and 10mg/mL (30mL vial) concentrations together.</div> <div>**When switching therapy: Ultomiris loading dose should be given at the time of next scheduled Soliris dose.</div>		<div><input type="checkbox"/> For treatment of Myasthenia Gravis - weight based at time of treatment (patient must be at least 40kg):</div> <div><input type="checkbox"/> _____mg as a single dose, followed by <input type="checkbox"/> _____mg once every 8 weeks later starting 2 weeks after the loading dose.</div> <div><input type="checkbox"/> For treatment of aHUS – weight based at time of treatment:</div> <div><input type="checkbox"/> _____mg as a single dose, followed by <input type="checkbox"/> _____mg once every _____ (4 or 8) weeks later starting 2 weeks after the loading dose.</div> <div><input type="checkbox"/> For treatment of PNH – weight based at time of treatment:</div> <div><input type="checkbox"/> _____mg as a single dose, followed by <input type="checkbox"/> _____mg once every _____ (4 or 8) weeks later starting 2 weeks after the loading dose.</div> <div>Other: _____</div>	
<div>Anaphylaxis Orders</div> <div>Diphenhydramine Administer 25 mg slow IV/IM may repeat x1 Dispense: 1 x 50 mg vial</div> <div>Epinephrine Autoinjector <input type="checkbox"/> Administer 0.15mg (1:2000) IM (&lt; 30 Kg) <input type="checkbox"/> Administer 0.3mg (1:1000) IM (≥ 30 Kg) Dispense: 1 package (2 pens)</div> <div>Sodium Chloride 0.9% Use to maintain IV line, prevent or treat hypotension in case of anaphylaxis Dispense: QS</div> <div>IV Access Flush Order:</div> <div>NaCl 0.9% 5-10ml IV before and after infusion</div> <div>Heparin 10 Units/ml 5ml after infusion for PICC/Midline Heparin 10 Units/ml 3ml after infusion for PIV</div> <div>Heparin 100 Units/ml 5ml IV after infusion for PORT</div> <div>All infusion supplies necessary to administer the medication</div>							
<div>Quantity</div> <div>_____</div>		<div>Refills</div> <div>_____</div>					
<div>Other/Notes: _____</div> <div>_____</div> <div>_____</div>							
<div>Prescriber Signature: _____ DAW (Dispense as Written) <input type="checkbox"/> Y <input type="checkbox"/> N Date: _____</div>							