

Soliris (eculizumab) / Ultomiris (ravulizumab) Order Form

Patient Name:

DOB:

Phone:

Address:

City:

State:

Zip:

1. Required Documentation, please submit the following with form:

- Copy of insurance card
- History & Physical
- Patient demographics
- REMS Requirement: Meningococcal vaccination documentation (see below)
- Antibody results (if applicable): Anti-AQP4 for NMOSD, or AChR for gMG

2. Patient Information

 Male Female Height: in cm Weight: lbs kg NKDA Allergies:
 Is this the first dose? Yes No, date of last infusion: Next due (or desired start date):

Line type: PIV PICC Port Other:

REMS Requirement: Meningococcal Vaccination Assessment

 Please provide meningococcal vaccination history below or send records, this is a REMS requirement:

STEP 1: Meningococcal primary vaccination status (serogroups A, C, W, Y, and B)

| MenACWY | + | MenB | MenABCWY |
|---|---|--|--|
| 1 st dose date: Menveo Menactra MenQuadfi | | 1 st dose date: Bexsero Trumenba | 1 st dose date: Penbraya |
| 2 nd dose date: Menveo Menactra MenQuadfi | | 2 nd dose date: Bexsero Trumenba | 2 nd dose date: Penbraya |
| | | 3 rd dose date: (Trumenba only) | |

STEP 2: Antibiotic prophylaxis (if needed): Prophylaxis administered? No Yes, start date:

STEP 3: Dates of last booster doses (if applicable): N/A MenACWY: MenB:

3. Diagnosis and Clinical Information: ICD-10 (required): Diagnosis:

Atypical Hemolytic Uremic Syndrome (aHUS)

Myasthenia Gravis (gMG)

Neuromyelitis Optica Spectrum Disorder (NMOSD)

Paroxysmal Nocturnal Hemoglobinuria (PNH)

4. Prescription Information *For Adults ≥ 40 kg. **For <40 kg provide appropriate dose per indication under "Other"

| ULTOMIRIS (100 mg/mL vials) | | SOLIRIS (10 mg/mL vials) | |
|---|---|--|---|
| * Loading Dose: Infuse _____ mg IV on day 0. | * Maintenance Dose: Infuse _____ mg IV every 8 weeks. Start 2 weeks after loading dose. Infuse via 0.2-0.22 micron filter. Flush IV line with NS post-infusion. | * Loading Dose: Infuse _____ mg IV weekly for the first 4 weeks, followed by _____ mg for the 5 th week. | * Maintenance Dose: Infuse _____ mg IV every 2 weeks. Start 2 weeks after the 5 th week's dose is complete. |

****Other:**

| | |
|---------------------------|---|
| Directions | Prepare product for infusion per manufacturer guidelines using compatible IV solution Infuse at rate directed in manufacturer guidelines, as tolerated (OR over _____ hour(s) _____ min) |
| Quantity / Refills | Dispense 1 month supply / Refill x 12 months OR Other: Dispense all medical supplies necessary for infusion |

5. Additional Orders

 RN to start peripheral IV or use existing CVC. RN to administer catheter flushing per Coastal Infusion Services Policy and Procedure
 RN to monitor patient at least 1 hour post infusion, educate on possible side effects, allergic reactions, & when to contact physician

6. Adverse Reaction Orders: Standard anaphylaxis kit to be dispensed and dosed per protocol: Epinephrine IM/SQ (1 mg/mL vial), diphenhydramine IV/IM (50 mg/mL vial), and NS IV. Additional orders:

7. Prescriber Information

 Prescriber Name: _____ Office Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 License #: _____ DEA #: _____ NPI: _____

Physician Signature (Substitution Permitted)
Date
Physician Signature (Dispense as Written)
Date

By signing I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment. Coastal Infusion Services has my permission to contact the patient's health plan to obtain any authorizations necessary to enable it to receive payment for services.

Confidential Health Information: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization and under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. Important Warning: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any discrimination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.