Richmond
7110 Forest Ave, Suite 203
Richmond, VA 23226

INFUSION SOLUTIONS

Prince George
2025B Waterside Rd
Prince George, VA 23875

Physician Order - Soliris (eculizumab)

PATIENT INFORMATION	
Name:	DOB:
Allergies:	Phone Number:

REFERRAL STATUS
☐ New Referral ☐ Dose/Frequency Change ☐ Order Renewal

Location Preference (optional)
☐ Richmond ☐ Prince George

* * If the patient has a central line - we need official placement report, diagnostic imaging to confirm tip placement and date of last access * *

DIAGNOSIS AND ICD 1-0 CODE	
☐ Myasthenia Gravis w/o acute exacerbation, AChR antibody positive	G70.00
☐ Myasthenia Gravis w/ acute exacerbation, AChR antibody positive	G70.01
☐ Paroxysmal Nocturnal Hemoglobinuria	D59.5
☐ Atypical Hemolytic Uremic Syndrome	D59.3
☐ Neuromyelitis Optica Spectrum Disorder	G36.0
☐ Other: _____	ICD10 _____

REQUIRED DOCUMENTATION	
☐ This signed order form by the provider	☐ Clinical/Progess Notes
☐ Patient Demographics AND Insurance Information	☐ Labs and Tests Supporting Primary Dx
☐ Acetylcholine receptor (AChR) antibodies (for Myasthenia Gravis)	☐ Meningococcal vaccination
☐ Patient currently receiving same therapy at _____	Last dose: _____
List Tried & Failed Therapies, including duration of treatment	
1)	
2)	
3)	

MEDICATION ORDERS**	
Initial Dosing	☐ Soliris 600mg infuse IV over 35 minutes weekly x 4 doses
	☐ Soliris 900mg infuse IV over 35 minutes weekly x 4 doses
Maintenance Dosing	☐ Soliris 900mg infuse IV over 35 minutes every 2 weeks
	☐ Soliris 1200mg infuse IV over 35 minutes every 2 weeks
Alternative Dosing	☐ Soliris ____mg infuse IV over 35 minutes every ____ weeks
Patient Weight = _____ kg	Patient Height = ____ ft ____ in
Duration: ☐ x 6 months ☐ x 1 year ☐ doses _____	

**Patient weight is required for all weight based therapies - please indicate weight in kilograms.

PREMEDICATIONS
☐ Acetaminophen 650mg PO prior to Soliris infusion
☐ Diphenhydramine 25mg PO prior to Soliris infusion
☐ Methylprednisolone 40mg slow IVP
☐ Other:

Please note: if an infusion reaction occurs, the on-call physician will order appropriate rescue medications as deemed medically necessary. This may also include pausing, reducing the rate of infusion or discontinuing.

PRESCRIBER INFORMATION		
Prescriber Name:	NPI:	Contact:
Phone:	Fax:	Email:
Prescriber Signature:		Date:

Contact us with questions at: 804-442-3558 or email referrals@theinfusionsolution.com
Fax completed form and ALL documentation to 804-554-5848
All information contained in this form is strictly confidential and will become part of the patient's record.