

PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: M / F

Ht: \_\_\_\_\_ WT: \_\_\_\_\_ lbs / kg Primary Language: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Patient Preferred Location:**  Staten Island  West Harrison  Manhattan  New Paltz  Bronx  Syosset  
 Port Jefferson  Millburn  Brooklyn Heights  Paramus

<ICD 10 CODE REQUIRED>

DIAGNOSIS & CLINICAL INFORMATION

ICD 10 Code (PROVIDE COMPLETE CODE)

- D58.8 Other Specified Hereditary Hemolytic Anemias
- D59.3 Hemolytic Uremic Syndrome
- D59.4 Other Non-Autoimmune Hemolytic Anemias (including Microangiopathic Hemolytic Anemia)
- D59.5 Paroxysmal Nocturnal Hemoglobinuria
- D59.8 Other Acquired Hemolytic Anemias

- G36.0 Neuromyelitis Optica
- G70.00 Generalized Myasthenia Gravis, w/o Acute Exacerbation
- G70.01 Generalized Myasthenia Gravis, w/ Acute Exacerbation
- Other: \_\_\_\_\_

**Prescribing Information**  
Meningococcal document required for all diagnoses. See Pre-Medications and Required Labs by diagnosis below.

PRESCRIPTION

**Soliris (Eculizumab)** In the event of an adverse reaction at a Specialty Infusion center, the adverse reaction protocol will be utilized.

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)

- Loading Dose:  
 IV: Infuse 600 mg dose weekly for first 4 weeks followed by 900 mg dose at week 5
- Maintenance Dose: (SELECT ONE)  
 IV: Infuse 900 mg dose every 2 weeks for one year

- Pre-Medications**
- Acetaminophen: 650 mg PO
  - Cetirizine: 10 mg PO
  - Diphenhydramine: 25 mg PO
  - Diphenhydramine: 25 mg IVP
  - Other: \_\_\_\_\_

- Required Labs**
- Baseline Serum Lactate Dehydrogenase (LHD) Hemoglobin Level
  - Documented Meningococcal Vaccine

ATYPICAL HEMOLYTIC UREMIC SYNDROME (aHUS)

- Loading Dose:  
 IV: Infuse 900 mg dose weekly for first 4 weeks followed by 1200 mg dose at week 5
- Maintenance Dose: (SELECT ONE)  
 IV: Infuse 1200 mg dose every 2 weeks for one year

- Pre-Medications**
- Acetaminophen: 650 mg PO
  - Cetirizine: 10 mg PO
  - Diphenhydramine: 25 mg PO
  - Diphenhydramine: 25 mg IVP
  - Other: \_\_\_\_\_

- Required Labs**
- Baseline Serum Lactate Dehydrogenase (LHD) Hemoglobin Level
  - Serum Creatinine/eGFR
  - Platelet Count
  - Plasma Exchange
  - Documented Meningococcal Vaccine

GENERALIZED MYASTHENIA GRAVIS (gMG) & NEUROMYELITIS OPTICA SPECTRUM DISORDER (NMOSD)

- Loading Dose:  
 Infuse 900 mg dose weekly for first 4 weeks followed by 1200 mg dose at week 5
- Maintenance Dose: (SELECT ONE)  
 IV: Infuse 1200 mg dose every 2 weeks for one year

- Pre-Medications**
- Acetaminophen: 650 mg PO
  - Cetirizine: 10 mg PO
  - Diphenhydramine: 25 mg PO
  - Diphenhydramine: 25 mg IVP
  - Other: \_\_\_\_\_

- Required Labs**
- Positive Serologic Test for Anti-AChR Antibodies
  - Documented Meningococcal Vaccine
  - Positive Serologic Test for AQP4 antibodies

PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervising Provider (if applicable) \_\_\_\_\_

Date: \_\_\_\_\_ NPI#: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Name: \_\_\_\_\_ (If Applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_