Soliris® Order Form



Ivy Specialty Infusion mosalc an amerila company

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Address: Cty/State/Zp: Office Gontact: Phone: Fac Sepensory Physician (if applicable): PLEASE ATTACH Patter demographic & foront/back copy of all insuance cost (prescription & medical) Vaccine status (any socialization) and documentation of any recent vaccinations: Current medication is a field foront medications tried and failed (with dets;) Use cost documentation and y cost and use is any other status (any socialization is autised of FIA) guidelines Unex cost documentation/ writerination is applicable: VURSING & LAB ORDERS Nurse Orders: Marco 1045: Narse to provide assessment, teaching bade own, medication and writer social cost own of a memingooccal infections. Note is the provide assessment, teaching bade own, medication and writer social cost own of a memingooccal infections. New Orders: Marco 1045: Narse to provide assessment, teaching bade own, medication and writer social cost own of a memingooccal infection and writer social cost own own and as needed. Solu Order 250mg String Strin					
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PLEASE ATTACH Patient demographic & forth/back.copy all insurance cards (prescription & medical) Recent office vites, history & physical, lab & pertinet norecedure essits Current medication itse, history & physical, lab & pertinet norecedure essits Current medication is to be itsel of prior medicators itsel and failed (with dates) Line access documentation verification if applicable Vaccine status (any succination) Line access documentation on any event meningooccal infections Documentation of an ensingooccal vaccination Letter of medical necessity if duo dosing or infusion is outside of FDA guidelines. Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physican orders. Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physican orders. Flush Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physican orders. Flush Orders: Nurse physical, lab draws, medication administration and vascular access device insertion and/or management per physican orders. Flush Orders: All supplices for vascular access line acres, drug administration NRI (%), purp, and W pole will be provided as necessary PRODUCT Solu- Corte Solu- Corte Solu- Solo Solu- Medrol					
Reent office visit notes, biology & physical, lab & pertinent procedure results: Guncit adocumentation vertications triate and failed (with dues): Law access occursations: Letter of medical necessity if drug dosing or indication is outside of fDA guidelines: Letter of medical necessity if drug dosing or indications is outside of fDA guidelines: Letter of medical necessity if drug dosing or indications is outside of fDA guidelines: Letter of medical necessity if drug dosing or indications is outside of fDA guidelines: Letter of medical necessity if drug dosing or indications is outside of fDA guidelines: Letter of medical necessity if drug dosing or indications is outside of fDA guidelines: Lab Orders: Lab Order: Lab Orders: Lab Orders:					
Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Reus Orders: Na/02/9%-5-10mL flush pre and post infusion and as needed Heramin- Tounit/int — OR- TOUNIT/INT — OR TO INFORMATION OF 30 Infutes as needed Other Solu-Medral 60mg-125mg VI Infusion as needed Other Pre-Medications: Acetaminophenmg VOminutes prior to infusion Solu-Medralmg VI Infusionminutes prior to infusion Other Solu-Medral Other Solu-Medral Other Solu-Medral 00mg VI Infusion as needed VI Infusionmg VI VI Infusionmg VI VI InfusiongavityRe	Recent office visit notes, history & physical, lab & pertinent procedure resultsClinical documentation on any recent meningococcal infectionsCurrent medication list & list of prior medications tried and failed (with dates)Documentation of a meningococcal vaccinationLine access documentation/verification if applicableLetter of medical necessity if drug dosing or indication is outside of FDA guidelines				
Flush Orders: Ind0.9% - 5-10mL flush pre and post infusion and as needed Heprin - 100unt/s/mL0R- 100unt/s/mL0R- 100unt/s/mL0S-mL flush after post-infusion NS flush if indicated to maintain line Lab Orders: Lab Date & Frequency: VESCRIPTION ORDERS Anaphylaxis Kit: Epinephnine 0.3mg IM as needed Solu-Medrol S00m (Vinfusion as needed NS Hydration 500 mI IV infusion over 30 minutes as needed Other Other Pre-Medications: Acetaminophenmg P0minutes prior to infusionminutes prior to infusion					
Anaphylaxis Kit: Epinephrine 0.3mg IM as needed Solu-cortef 250mg-500mg IV Infusion as needed Solu-Medrol 60mg - 125mg IV infusion as needed Pre-Medications: Acetaminophenmg P0minutes prior to infusion Solu-Medrolmg IV infusionminutes prior to infusion Other Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary PRESCRIPTION INFORMATION REFILIS Is this a first dose? Yes No If No, when was last dose given? When is patient due for necessary NONE Soliris Maintenance PNH 600 mg IV infusion via gravityOR- pump every 7 days for 4 weeks over 35 minutes NONE Soliris Maintenance PNH 600 mg IV infusion via gravityOR- pump every 7 days for 4 weeks over 35 minutes NONE Soliris Maintenance PNH 600 mg IV infusion via gravityOR- pump every 2 weeks starting week 5 over 35 minutes MONE Soliris Maintenance PNH 900 mg IV infusion via gravity or pump every 2 weeks starting week 5 over 35 minutes MONE Soliris Maintenance AHUS for patients 5-10kg administer 000mg IV infusion via gravity or pump every 2 weeks starting week 5 over 35 minutes	Flush Orders: NaCl 0.9% - 5-10mL flush pre and post infusion and as needed Heparin - 10units/mLOR 100units/mL - 3-5mL flush after post-infusion NS flush if indicated to maintain line				
(check all that apply) Diphenhydraminemg IV infusion as needed NS Hydration 500 mI IV infusion over 30 minutes as needed Other Other Pre-Medications: Acetaminophenmg P0minutes prior to infusionminutes prior		PRESCRIPTION ORDERS			
ICheck all that apply Diphenhydraminemg PO -0R- IV infusionminutes prior to infusion Other Supply Orders: All supply Ordersup Orders: All supply Orders: All supply Ord			ion as needed		
Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary REFILLS PRODUCT PRESCRIPTION INFORMATION REFILLS Is this a first dose? Yes No If No, when was last dose given?	Pre-Medications:	Acetaminophenmg POminutes prior to infusion Solu-Medrolmg IV infusionminutes prior to infusion			
PRODUCT PRESCRIPTION INFORMATION REFILLS Is this a first dose? Yes No If No, when was last dose given?	(Check all that apply) Diphenhydramine mg POOR IV infusionminutes prior to infusion Other				
Is this a first dose? Yes No If No, when was last dose given?	Supply Orders: All supp	lies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary			
Is the prescriber enrolled in the Soliris REMS program? Yes No No Soliris Induction (≥18 years of age) PNH 600 mg IV infusion via gravityOR pump every 7 days for 4 weeks over 35 minutes NONE Soliris Maintenance (≥18 years of age) PNH 900 mg IV infusion via gravity or pump every 2 weeks starting week 5 over 35 minutes	PRODUCT	PRESCRIPTION INFORMATION	REFILLS		
Soliris Induction (≥18 years of age) PNH 600 mg IV infusion via gravityOR pump every 7 days for 4 weeks over 35 minutes NONE Soliris Maintenance (≥18 years of age) PNH 900 mg IV infusion via gravity or aHUS, gMG and NMOSD 900 mg IV infusion via gravity or pump every 2 weeks starting week 5 over 35 minutes	Is this a first dose? Yes No If No, when was last dose given? When is patient due for next dose?				
(≥18 years of age) aHUS, gMG and NMOSD 900 mg IV infusion via gravityOR pump every 7 days for 4 weeks over 35 minutes Image: Constraint of the state of t	Is the prescriber enrolled in the Soliris REMS program? Yes No				
Soliris Maintenance (>18 years of age) PNH 900 mg IV infusion via gravity or aHUS, gMG and NMOSD 1,200 mg IV infusion via gravity or pump every 2 weeks starting week 5 over 35 minutes			NONE		
(≥18 years of age) aHUS, gMG and NMOSD 1,200 mg IV infusion via gravity or pump every 2 weeks starting week 5 over 35 minutes meeters Soliris Induction (<18 years of age)					
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Soliris Maintenance (<18 years of age)			NONE		
Soliris Maintenance (<18 years of age)		For patients 30–40kg administer 600mg IV infusion via gravity OR pump once weekly X 2 doses over 1 to 4 hours			
(<18 years of age)		For patients >40kg administer 900 mg IV infusion via gravityOR pump once weekly X 4 doses over 1 to 4 hours			
For patients 20-30kg administer 600 mg IV infusion via gravityOR pump starting at week 3 then 600mg every 2 weeks over 1 to 4 hours For patients 30-40kg administer 900mg IV infusion via gravityOR pump starting at week 3 then 900mg every 2 weeks over 1 to 4 hours For patients >40kg administer 1,200mg IV infusion via gravityOR pump starting at week 5 then 1,200mg every 2 weeks over 1 to 4 hours OTHER	Soliris Maintenance	aHUS For patients 5-10kg administer 300 mg IV infusion via gravityOR pump starting at week 2 then 300 mg every 3 weeks over 1 to 4 hours			
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By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies.	OTHER				
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Prescriber's Signature Dispense as Written Prescriber's Signature <u>Substitution Permitted</u> Print Name

Date





Date