



**SOLIRIS® ORDER FORM**

(\* - Required Fields)

**STAT REQUEST**  
(\*REASON MUST BE PROVIDED BELOW)

New Referral     Order Renewal     Medication/Order Change  
 Benefits Verification Only     Discontinuation Order

PATIENT INFORMATION			
NAME*:	DOB*:	SEX:	M    F
ADDRESS:		PHONE:	
WEIGHT:	LBS    KG	HEIGHT:	EMAIL:
ALLERGIES:			

PHYSICIAN INFORMATION			
PHYSICIAN NAME*:		PRACTICE NAME:	
ADDRESS:		OFFICE CONTACT*:	
PHONE:	FAX:	EMAIL (FOR UPDATES):	

**SOLIRIS ORDER\*:** \_\_\_\_\_    **ICD-10\*:** \_\_\_\_\_  
*(SELECT ONE OF THE FOLLOWING)*

**Initial/Reload Dosing and Maintenance Dosing:** \_\_\_\_\_mg IV for the first 4 weeks,  
 followed by \_\_\_\_\_ mg for the fifth dose 1 week later, then \_\_\_\_\_mg every 2 weeks thereafter  
**OR**  
 **Maintenance Dosing:** \_\_\_\_\_mg/kg IV every \_\_\_\_\_ weeks

Physician Signature\* \_\_\_\_\_    Date\*(Order is Valid for One Year) \_\_\_\_\_  
*Infusion will be administered per MPP policy and protocols*

* REQUIRED DIAGNOSIS:
<input type="checkbox"/> Myasthenia Gravis (gMG)
<input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria
<input type="checkbox"/> Atypical Hemolytic Uremic Syndrome
<input type="checkbox"/> Neuromyelitis Optica Spectrum Disorder(NMOSD)
<input type="checkbox"/> Other _____
<b>*STAT REASON:</b> (STAT request will be assessed per MPP policy and procedure)
Last Infusion: _____

* REQUIRED DOCUMENTATION CHECKLIST:
<input type="checkbox"/> Patient Demographics
<input type="checkbox"/> Insurance Card/Information
<input type="checkbox"/> Clinical/Progress Notes supporting
<input type="checkbox"/> Current Medication List and H&P
<input type="checkbox"/> Positive AchR (gMG)
<b>Did patient receive Meningococcal Vaccine?</b> _____ Yes    _____ No
<b>PROVIDE IF AVAILABLE:</b>
_____ MG-ADL Score _____
_____ MGFA classification: _____
_____ Positive AQP4

**STANDING LAB ORDERS:**     CMP     CBC

\_\_\_\_\_ Labs to be drawn by Infusion Center    Frequency \_\_\_\_\_

**NOTES/ADDITIONAL COMMENTS:**

**Locations:**

-----Colorado-----

\_\_\_\_\_ Lakewood

-----Florida-----

\_\_\_\_\_ Jacksonville  
\_\_\_\_\_ Kissimmee  
\_\_\_\_\_ Port St. Lucie  
\_\_\_\_\_ Suncoast  
\_\_\_\_\_ Winter Park

-----Texas-----

\_\_\_\_\_ Arlington  
\_\_\_\_\_ Cedar Hill  
\_\_\_\_\_ Dallas  
\_\_\_\_\_ Denton  
\_\_\_\_\_ Ft. Worth  
\_\_\_\_\_ Irving  
\_\_\_\_\_ Rockwall  
\_\_\_\_\_ Southlake  
\_\_\_\_\_ Flower Mound  
\_\_\_\_\_ Plano  
\_\_\_\_\_ Tyler

REVISION DATE- 03/2021