



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: M F
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Ht: _____ Wt: _____
Please Attach: Insurance cards History & Physical Most recent labs Medication list
 NKDA Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ ZIP: _____

REQUIRED INFORMATION

Documentation:

- Recent clinical and/or office visit notes supporting primary diagnosis
 Meningococcal vaccination (both conjugate and serogroup B) are required prior to initiating Soliris infusions (please attach)
 For generalized myasthenia gravis patients specifically, anti-acetylcholine receptor (AChR) antibody positive status must be confirmed.

MEDICATION ORDERS

ICD-10 codes applicable for either medication (Soliris or BKEMV)

- G70.00 Myasthenia gravis G70.01 Myasthenia gravis w/acute exacerbation D59.32 Hereditary hemolytic-uremic syndrome
 D59.39 Other hemolytic-uremic syndrome D59.5 Paroxysmal nocturnal hemoglobinuria Other _____

ICD-10 Soliris

- G36.0 Neuromyelitis Optica (NMOSD) Other _____

New to Therapy Continuation of Therapy: Date of last dose (if applicable): _____

Pre-medication:

- Acetaminophen 1000mg PO Solu-Medrol 125mg IVP
 Diphenhydramine 25mg PO Solu-Cortef 100mg IVP
 Ceterizine 10mg PO Diphenhydramine 25mg IVP

DOSING/FREQUENCY:

Induction dose:

- 600 mg weekly for the first four weeks followed by 900 mg for the fifth dose one week later, then 900 mg two weeks later
 900 mg weekly for the first four weeks followed by 1200 mg for the fifth dose one week later, then 1200 mg two weeks later

Maintenance dose: 900 mg every two weeks 1200 mg every two weeks

Dilute with 0.95% NS to a final concentration of 5mg/ml

(600mg doses final volume 120ml, 900mg doses final volume 180ml, 1200mg doses final volume 240ml) Infuse over 35 minutes in adults

Refills: _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name _____ Provider Signature _____ Date _____

Fax Number

- Brandon: (656) 218-9643 Ocala: (352) 565-5228 The Villages Brownwood: (352) 450-3080
 Clearwater: (727) 977-9717 Orlando: (407) 792-6558 The Villages Lake Sumter: (352) 565-5553
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