arise infusion
THERAPY SERVICES
A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, PC

Fax To: 301-424-3590
Have a Question? Call: 240-514-5000

SOLIRIS (eculizumab) ORDER FORM

REFERRAL TYPE

☐ New Referral ☐ Order Renewal ☐ Restart ☐ Frequency Change ☐ Dosage Change

PREFERRED LOCATION

☐ 2730 University Blvd. West | Suite 714 Wheaton, MD 20902	☐ 14995 Shady Grove Road | Suite 250 Rockville, MD 20850	☐ 5454 Wisconsin Avenue | Suite 600 Chevy Chase, MD 20815
☐ 18111 Prince Philip Drive | Suite 323 Olney, MD 20832	☐ 161 Thomas Johnson Drive | Suite 250 Frederick, MD 21702	☐ 2021 K Street, NW | Suite 300 Washington, DC 20006
	☐ 8270 Willow Oaks Corporate Drive | Suite 150 Fairfax, VA 22031	

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: KG LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:		NPI:
Office Contact Name:	Phone:	Fax:
Address:		

OCREVUS ORDER

WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE and FREQUENCY

Dosing/Frequency:

☐ **Recommended Dosage Regimen -- PNH (18yo & older)**	☐ **Recommended Dosage Regimen - aHUS (18 yo & older)**	☐ **Recommended Dosage Regimen - gMG and NMSOD (Adult patients with generalized myasthenia gravis or neuromyelitis optica spectrum disorder)**
600mg weekly for the first 4 weeks 900 mg for the fift dose 1 week later, then 900 mg every 2 weeks thereafter	900 mg weekly for the first 4 weeks, then 1200 mg for the fift dose 1 week later, then 1200 mg every 2 weeks thereafter	900 mg weekly for the first 4 weeks, then 1200 mg for the fift dose 1 week later, then 1200 mg every 2 weeks thereafter

Diagnosis:

☐ G70.00— Myasthenia gravis without (Acute) exacerbation
☐ G70.01—Myasthenia gravis with (acute) exacerbation
☐ G36.0— Neuromyelitis optica spectrum disorder
☐ D59.5 —Paraxysmal norturnal hemoglobinuria

☐ Other Diagnosis: ICD-10 Code (Required):

Ambulate: ☐Independent ☐With Assistance ☐Wheelchair ☐Stretcher

Special Instructions:

Physicians Signature: Date: ***(Order is Valid for One Yea***

REQUIRED DOCUMENTATION

Please fax the following documents and records:

- Patient Demographics
- Three most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
  - Anti-acetylcholine receptor (AchR) antibody positive
- Vaccination record: Meningococcal vaccine at least 2 weeks prior to starting the therapy
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion notes

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.