



### Soliris (Eculizumab) Infusion Order Form

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M  F

Allergies: \_\_\_\_\_

New Treatment     Continuing Treatment    Last Treatment Date: \_\_\_\_\_    Next Due Date: \_\_\_\_\_

**Diagnosis and ICD 10 Code (Required)**

- Atypical Hemolytic Uremic Syndrome ICD 10 Code: D59.3     Paroxysmal Nocturnal Hemoglobinuria ICD 10 Code: D59.5
- Myasthenia Gravis, Acetylcholine Receptor Antibody Positive ICD 10 Code: G70.00
- Neuromyelitis Optica, Aquaporin 4 Antibody Positive ICD 10 Code: G36.0
- Other: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

**Required Tests (within 12 months & attach results)**

Meningococcal Vaccine Status & Date: \_\_\_\_\_

Acetylcholine Receptor Antibody Test & Date: \_\_\_\_\_  
(If Myasthenia Gravis)

Aquaporin 4 Antibody Test & Date: \_\_\_\_\_  
(If Neuromyelitis Optica)

**Required Labs (within 3 months & attach results)**

CBC Results \_\_\_\_\_

CMP Results \_\_\_\_\_

Other: \_\_\_\_\_

**Pre-Medication Orders**

Acetaminophen (Tylenol)  500mg  650mg  1000mg  PO

Diphenhydramine (Benadryl)  25mg  50mg  PO  IV

Methylprednisolone (Solu-Medrol)  125mg  IV

Ondansetron (Zofran)  4mg  8mg  PO  IV

Other: \_\_\_\_\_ Route: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Nursing**

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

**Special Instructions / Notes**

**Provider Information**

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Soliris Medication Order**

**Patient Weight:** \_\_\_\_\_ KG

**Dosage**

- 600mg IV weekly for the first 4 weeks, followed by 900mg IV at week 5 then 900mg IV every 2 weeks after
- 900mg IV weekly for the first 4 weeks, followed by 1200mg IV at week 5 then 1200mg IV every 2 weeks after
- Other: \_\_\_\_\_

**Dose Maintenance**

- 900mg every 2 weeks
- 1200mg every 2 weeks
- Other \_\_\_\_\_

**Required Documents**

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes