Phone and Fax: 608-690-7210
www.MySmartInfusion.com

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

Required Tests

Meningococcal Vaccine Status & Date: _____

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

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

Required Labs

Most recent CBC & CMP (attach results)

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

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 & Progress Notes (including last infusion note)

☐ Copy of Insurance Card (Front/Back)

Location

☐ Eau Claire ☐ Weston ☐ Middleton

Provider Information

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____