

Soliris (Eculizumab) Infusion Order

Patient Name: _____ DOB: _____ Male Female

Diagnosis (please provide ICD10 code): _____

Other: _____

NKDA Allergies: _____

New Therapy Order Continuation of Therapy Date of last dose: _____

Ordering Provider Name: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

Pre-Medication

- Acetaminophen _____mg by PO
- Cetirizine _____mg by PO
- Diphenhydramine _____mg by PO/ IVP
- Solu-Medrol _____mg by PO/ IVP
- Solu-Cortef _____mg by PO/ IVP
- Other: _____

Required Documentation:

- Patient Demographics
- Patient Insurance (med and pharm card copies, front and back)
- Progress Notes/Labs supporting diagnosis
- Soliris-REMS program enrollment
- Documentation of meningococcal vaccines
- Brain MRI (within one year)
- Acetylcholine Receptor Antibody Test Results (if gMG)
- List of tried & failed therapies (if gMG)
- Aquaporin 4 Antibody Test Results (if NMO)
- Other: _____

Soliris is a weight-based medication:

Patient Height (cm): _____

Patient Weight (kg): _____

Soliris Medication Order:

aHUS, Myasthenia Gravis, and NMOSD (Adults)

- Induction Dosing followed by maintenance
 - Dosing (Please choose one)
 - 900mg once weekly for 4 weeks, followed by 1200mg at week 5
 - Maintenance Frequency (Please choose one)
 - 1200mg every two weeks

- Maintenance dosing every 2 weeks
 - Dosing (Please choose one)
 - 1200mg

aHUS (Pediatrics)

- Induction Dosing followed by maintenance
 - Dosing (Please choose one)
 - If >40kg, 900mg once weekly for 4 weeks, followed by 1200mg at week 5
 - If 30kg to ≤40kg, 600mg once weekly for 2 weeks, followed by 900mg at week 5
 - If 20kg to ≤30kg, 600mg once weekly for 2 weeks, followed by 600mg at week 3
 - If 10kg to ≤20kg, 600mg once, followed by 300mg at week 2
 - If 5kg to ≤10kg, 300mg once, followed by 300mg at week 2
 - Maintenance Frequency (Please choose one)
 - 1200mg every two weeks 300mg every two weeks
 - 900mg every two weeks 300mg every three weeks
 - 600mg every two weeks

- Maintenance dosing only
 - Dosing (Please choose one)
 - 1200mg every two weeks
 - 900mg every two weeks
 - 600mg every two weeks
 - 300mg every two weeks
 - 300mg every three weeks

PNH (Adults)

- Induction Dosing followed by maintenance
 - Dosing (Please choose one)
 - 600mg once weekly for 4 weeks, followed by 1200mg at week 5
 - Maintenance Frequency (Please choose one)
 - 900mg every two weeks

- Maintenance dosing every 2 weeks
 - Dosing (Please choose one)
 - 900mg

Additional Instructions/Notes:

Ordering Provider:

Signature: _____

Date: _____

Provider: _____

Phone: _____ Fax: _____

Best Contact Person in Office: _____

Phone: _____

Locations:

- Skokie, IL: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
- Libertyville, IL: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
- Houston, TX: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400