

# 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
  - Intravenous 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
  - Intravenous Dosing (Please choose one)
    - 1200mg

*aHUS (Pediatrics)*

- Induction Dosing followed by maintenance
  - Intravenous 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
  - Intravenous 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
  - Intravenous 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
  - Intravenous Dosing (Please choose one)
    - 900mg

**Additional Instructions/Notes:** \_\_\_\_\_ **Patient IV Access**  PIV  
 Use patient's SL/DL PICC, flush per protocol  Access/deaccess patient's Port, flush per protocol \*Imaging results of proper placement required for PICC/Port

**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