

## SOLIRIS (eculizumab) Infusion Orders

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

☐ NKDA Allergies: \_\_\_\_\_

☐ New Start therapy ☐ Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Practice Fax: \_\_\_\_\_

### Diagnosis *(please provide ICD-10 code):*

☐ G70.00 Myasthenia gravis w/o exacerbation ☐ G70.01 Myasthenia gravis w/ exacerbation

☐ \_\_\_\_\_ Neuromyelitis Optica Spectrum Disorder (NMOSD)

### Pre-Medication:

- ☐ Tylenol 1000mg PO ☐ Solu-Medrol 125mg IVP  
☐ Cetirizine 10mg PO ☐ Solu-Cortef 100mg IVP  
☐ Diphenhydramine 25mg PO ☐ Diphenhydramine 25mg IVP  
☐ Other: \_\_\_\_\_

### Required Documents:

- ☒ Patient Demographic Sheet  
☒ Clinical/Progress notes, labs, tests supporting primary diagnosis *(please attach)*  
☒ Meningococcal vaccination (both conjugate & serogroup B) are required **prior** to initiating infusions *(please attach vaccine record)*

### SOLIRIS ORDERS:

- ☒ Dilute with 0.9% sodium chloride to a final concentration of 5mg/ml & infuse over 35 minutes in adults  
*(600mg doses final volume 120ml, 900mg dose final volume 180ml, 1200mg dose final volume 240ml)*

### Induction Dose & Frequency:

- ☐ 600mg weekly for the first 4 weeks, followed by 900mg for the 5<sup>th</sup> dose one week later, then 900mg two weeks later  
☐ 900mg weekly for the first 4 weeks, followed by 1200mg for the 5<sup>th</sup> dose one week later, then 1200mg two weeks later

Maintenance Dose & Frequency: ☐ 900mg every 2 weeks ☐ 1200mg every 2 weeks

Refills: \_\_\_\_\_ *(if not indicated, Rx will expire one year from date signed)*

### Red River Health Standing Orders:

- ☒ Provide treatment under Red River Health's Biologic Therapy Policy and Adverse Reaction Management Protocol. *\*Copy can be provided per request.*

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