

Soliris (Eculizumab)

Infusion Order Form – Page 1 of 1



Preferred Clinic Location

- ☐ **Harbor Health Park Bend Clinic**
2200 Park Bend Drive, Bldg. 2, Suite 204, Austin, TX 78758
P: (512) 270-2104
F: (512) 233-2288

Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: _____ Patient Name: _____ DOB: _____
ICD-10 code (required): _____ ICD-10 description: _____
☐ NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____
Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

Provider Information

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list

Supporting clinical notes (H&P) to support primary diagnosis:

- Patient has been immunized with meningococcal vaccines (both conjugate and serogroup B) at least 2 weeks prior to administering the first dose of Soliris (if yes attach documentation)
- Patient has Paroxysmal Nocturnal Hemoglobinuria
- Patient has atypical Hemolytic Uremic Syndrome
- Patient has anti-AChR+ generalized Myasthenia Gravis
- Patient has anti-AQP4 Antibody-Positive neuromyelitis Optica Spectrum Disorder

Orders

NURSING

- ☒ Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).
☒ Verify meningococcal vaccine immunization

LABORATORY

- ☐ CBC ☐ at each dose ☐ every _____
☐ CMP ☐ at each dose ☐ every _____
☐ Other: _____

PRE-MEDICATION

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
☐ hydrocortisone (Solu-Cortef) ☐ 100mg IV
☐ Other: _____
Dose: _____ Route: _____ Frequency: _____

THERAPY

- ☒ **Eculizumab** (Soliris) in 0.9% sodium chloride intravenous infusion
☐ **Dose: Induction** (Choose one) If patient has already completed induction dose, proceed to maintenance dose.
☐ 600mg weekly for the first four weeks followed by 900mg for the fifth dose one week later, then 900mg two weeks later
☐ 900mg weekly for the first four weeks followed by 1200mg for the fifth dose one week later, then 1200mg two weeks later
☐ **Dose: Maintenance:** (Choose one)
☐ 900mg every two weeks ☐ 1200mg every two weeks
• Dilute with 0.9% NS to a final concentration of 5mg/ml. (300mg doses final volume 60ml, 600mg doses final volume 120ml, 900mg doses final volume 180ml, 1200mg doses final volume 240ml.)
• Infuse over 35 minutes
☒ Flush with 0.9% sodium chloride at infusion completion
☒ Patient is required to stay for 60 min. observation

Provider Name (Print): _____

Provider Signature: _____

Date: _____