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| ADULT AMBULATORY INFUSION ORDER  **Eculizumab (SOLIRIS)** |   **NAME:** **BIRTHDATE:** *Affix Patient Identification Label Here* |
| **ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (**  **) TO BE ACTIVE.**  |

**Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

Provider Information

\***Please fax a copy of the** □Demographics □ Insurance Information □ Current Lab Results

**following patient information**: □ H & P Relevant to Diagnosis □ Last infusion note □ Current Medications

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Information

Weight: \_\_\_\_\_\_\_\_\_\_\_\_ lbs/kg Height: \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

ICD-10: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_

 Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meningococcal Polysaccharide Vaccine given** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ □ Copy Attached

Labs:

□ CBC w/diff □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ CMP □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Urine Micro □ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_□ EVERY infusion □ every OTHER infusion □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No labs needed

MC2686 (04/22)

Diphenhydramine: □ IV □ 50mg

Pre-medications:

Acetaminophen: □ PO □ 1000 mg

Solu-Medrol: □ IV □ 1000 mg

Other: □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No Pre-Medications

□ 30 minutes wait time following pre-medications

 **Atypical hemolytic uremic syndrome (aHUS)**

 **Initial doses**: eculizumab (SOLIRIS) 900 mg in NaCl 0.9% 90 mL, intravenous, ONCE

 every week x 4 doses

 **Maintenance doses**: eculizumab (SOLIRIS) 1200 mg in NaCl 0.9% 120 mL, intravenous, ONCE every 2 weeks x \_\_\_\_\_\_\_ doses, begin on week 5

Infuse over 35 minutes. Infusion may be slowed or stopped due to adverse reactions but should be finished within 2 hours

 **Paroxysmal nocturnal hemoglobinuria (PNH)**

 **Initial doses**: eculizumab (SOLIRIS) 600 mg in NaCl 0.9% 60 mL, intravenous, ONCE every week x 4 doses

 **Maintenance doses**: eculizumab (SOLIRIS) 900 mg in NaCl 0.9% 90 mL, intravenous, ONCE Every 2 weeks x \_\_\_\_\_\_\_ doses, begin on week 5

Infuse over 35 minutes. Infusion may be slowed or stopped due to adverse reactions but should be finished within 2 hours

 **Generalized Myasthenia Gravis, Refractory**

* **Initial doses: eculizumab (SOLIRIS) 900 mg in NaCl 0.9% 90 mL, intravenous, ONCE every week x 4 doses**

**Week 5:** eculizumab (SOLIRIS) 1200 mg in NaCl 0.9% 120 mL, intravenous, ONCE

* **Maintenance dose**: eculizumab (SOLIRIS) 1200 mg in NaCl 0.9% 120 mL, intravenous, Every 2 weeks \_\_\_\_\_\_ doses.

Infuse over 35 minutes. Infusion may be slowed or stopped due to adverse reactions but should be finished within 2 hours.