

# ECULIZUMAB (SOLIRIS®) ORDERS

Fax all pages of this referral to our secure fax at (855) 270-7347.

## Patient Information

Order Date:	Requested Start of Care Date:	Date of Birth:	
Patient name:	Height:	Weight:	lb / kg
Address:	City:	State:	Zip:
IV Access: <input type="checkbox"/> Peripheral <input type="checkbox"/> Port <input type="checkbox"/> Central Indwelling			
Allergies:			

## Clinical History (complete upon initial referral only)

Ecuzimab history: <input type="checkbox"/> Never received previously <input type="checkbox"/> Transfer; on therapy since _____
Meningococcal vaccine administered at least 14 days prior to anticipated start? <input type="checkbox"/> Yes: vaccination date: _____ If on prophylactic anti-infective, name & date started: _____ <input type="checkbox"/> No: planned vaccination date: _____
If age $\leq$ 18 years, vaccinations against S. pneumoniae & H. influenzae administered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is patient enrolled in Alexion's OneSource® program ( <a href="https://alexiononesource.com">https://alexiononesource.com</a> )? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical History notes:

## Ecuzimab Orders

Primary Diagnosis if different from below:	ICD-10:
Secondary Diagnosis:	ICD-10:
MG without exacerbation G70.00	<input type="checkbox"/> Naïve: 900 mg IV weekly x 4 wk (weeks 1 – 4), 1200 mg one wk later (week 5), then 1200mg every 2 wk. <input type="checkbox"/> In midst of titration above: start at week # ____ <input type="checkbox"/> Maintenance continuation: 1200 mg IV every 2 weeks. <input type="checkbox"/> Other:
Neuromyelitis optica G36.0	<input type="checkbox"/> Naïve: 900 mg IV weekly x 4 wk (weeks 1 – 4), 1200 mg one wk later (week 5), then 1200mg every 2 wk. <input type="checkbox"/> In midst of titration above: start at week # ____ <input type="checkbox"/> Maintenance continuation: 1200 mg IV every 2 weeks. <input type="checkbox"/> Other:
PNH D59.5	<input type="checkbox"/> Naïve ( $\geq$ 18 yr): 600mg IV weekly x 4 wk (weeks 1 – 4), 900mg one wk later (week 5), then 900mg every 2 wk. <input type="checkbox"/> In midst of titration above ( $\geq$ 18 yr): start at week # ____ <input type="checkbox"/> Maintenance continuation ( $\geq$ 18 yr): 900 mg IV every 2 weeks. <input type="checkbox"/> Other:
aHUS D59.3	<input type="checkbox"/> Naïve ( $\geq$ 18 yr): 900 mg IV weekly x 4 wk (weeks 1 – 4), 1200 mg one wk later (week 5), then 1200mg every 2 wk. <input type="checkbox"/> In midst of titration above ( $\geq$ 18 yr): start at week # ____ <input type="checkbox"/> Maintenance continuation ( $\geq$ 18 yr): 1200 mg IV every 2 weeks. <input type="checkbox"/> Other:
Administer dose +/- 2 days of time points. Infuse over 35 minutes in adults; 1 to 4 hours in pediatric patients. Monitor during and for 1 hour after the infusion.	Other:

- Refill \_\_\_\_\_ months (Unless noted, prescriptions valid 1 year from date signed.)
- Dispense size(s) and quantity sufficient

## Premedication Orders / Other Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	Dose	Route / Frequency	Decline
Adult & Pediatric $\geq$ 12 years (if not at least 95 lb., follow <12 years dosing)	Acetaminophen	325 mg tab or 160 mg/5 ml oral 120 ml	325 - 650 mg	Orally pre-ecuzimab prn. May repeat q 4 - 6 hr prn. Max 3 gm/day.	Decline <input type="checkbox"/>
Pediatric 0 - 11 years		160 mg/5 ml oral 120 ml	10 mg/kg (round to nearest 1/4 tsp)	Orally pre-ecuzimab prn. May repeat q 4 - 6 hr prn. Max 50 mg/kg/day.	

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FOR QUESTIONS, CALL 1.800.323.6832 | Fax all pages to (855) 270-7347

Patient Name: \_\_\_\_\_

## Premedication Orders / Other Orders (continued)

Patient Type	Drug	Description / Dispense Quantity Sufficient	Dose	Route / Frequency	
Adult	Diphenhydramine	25 mg tab or 12.5 mg/5 ml oral 120 ml	25 - 50 mg	Orally pre-eculizumab prn. May repeat q 4 - 6 hr prn.	Decline <input type="checkbox"/>
Pediatric ≥ 12 years		12.5 mg/5 ml oral 120 ml	25 mg		
Pediatric 6 - 11 years		12.5 mg/5 ml oral 120 ml	12.5 - 25 mg		
Pediatric 2 - 5 years		12.5 mg/5 ml oral 120 ml	6.25 mg		
Adult & Pediatric ≥6 years	Loratadine (if excessive drowsiness from diphenhydramine)	10 mg tab or 5 mg/5 ml oral 120 ml	10 mg	Orally pre-eculizumab prn. No repeat.	Decline <input type="checkbox"/>
Pediatric 2 - 5 years		5 mg/5 ml oral 120 ml	5 mg		
All	Sodium Chloride 0.9%	100 ml or 250 ml bag	n/a	Use as directed to dilute & administer eculizumab in equal volume.	
Adult/Pedi > 15 kg	Sodium Chloride 0.9%	10 ml syringe	1 - 3 ml	Peripheral line pre/post use.	n/a <input type="checkbox"/>
Adult/Pedi > 15 kg	Heparin	10 units/ml 5 ml syringe	1 - 3 ml	Peripheral line post last NS.	n/a <input type="checkbox"/>
All	Lidocaine/prilocaine 2.5%/2.5% cream	30 gm tube (or other available size)	n/a	Apply topically 60 minutes prior to needle insertion prn discomfort.	Decline <input type="checkbox"/>

Other  
Orders: \_\_\_\_\_

## Anaphylaxis Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	*Reaction Severity	Dose	Route/Frequency
Adult	Diphenhydramine	25 mg tab #24 or 12.5 mg/5 ml oral 120 ml	Mild	50 mg	Orally every 6 hr.
Pediatric		12.5 mg/5 ml oral 120 ml		1.25 mg/kg (max 50 mg)	
Adult & Pediatric >66 lbs	Epinephrine	0.3 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2	Severe	0.3 mg	IM (auto-injector) or SubQ (vial/amp) x 1 dose. May repeat in 5 - 15 minutes as needed.
Pediatric 33 - 66 lbs		0.15 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2		0.15 mg	
Pediatric <33 lbs		1 mg/ml 1 ml vial/amp #2		0.01 mg/kg	
Adult and Pediatric	Sodium chloride 0.9%	250 ml IV Bag #1	Severe	250 ml	Stop causative drug, then administer IV at KVO rate.

\*Mild allergic reactions include itching, hives, rash, nausea and/or vomiting

\*Severe anaphylaxis reactions include angioedema, wheezing, difficulty breathing, swelling of eyelids or lips

Other  
Orders: \_\_\_\_\_

## Ancillary Supplies and DME Orders (Dispense quantity sufficient)

Ancillary supplies, including a disposable IV pole, for the infusion of eculizumab via peripheral IV, port, or indwelling central catheter via gravity or by ambulatory infusion pump.

## Nursing Orders

Nurse to obtain IV access via placement of peripheral IV or insertion of port needle when applicable. If IV access is not obtained after 3 attempts, nurse should contact Nufactor for assistance.

Nurse to administer eculizumab and ancillary medications per physician orders.

Nurse to remove peripheral IV catheter after completion of infusion. If peripheral IV, may leave in place up to 5 days as long as no erythema or edema. If port, may leave access device in place up to 7 days. If PICC, change dressing weekly.

## Other

## Physician Information

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

NPI#: \_\_\_\_\_

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

Date: \_\_\_\_\_

Phone \_\_\_\_\_

Fax: \_\_\_\_\_

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