

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="radio"/> Peripheral <input type="radio"/> Port <input type="radio"/> Central Indwelling | | |
| Allergies: | | |

Clinical History (complete upon initial referral only)

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

Eculizumab Orders

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| Primary Diagnosis if different from below: | ICD-10: |
| Secondary Diagnosis: | ICD-10: |
| MG without exacerbation G70.00 | <input type="radio"/> 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="radio"/> In midst of titration above: start at week # _____ <input type="radio"/> Maintenance continuation: 1200 mg IV every 2 weeks. <input type="radio"/> Other: |
| Neuromyelitis optica G36.0 | <input type="radio"/> 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="radio"/> In midst of titration above: start at week # _____ <input type="radio"/> Maintenance continuation: 1200 mg IV every 2 weeks. <input type="radio"/> Other: |
| PNH D59.5 | <input type="radio"/> Naïve (≥ 18 yr): 600mg IV weekly x 4 wk (weeks 1 – 4), 900mg one wk later (week 5), then 900mg every 2 wk. <input type="radio"/> In midst of titration above (≥ 18 yr): start at week # _____ <input type="checkbox"/> Maintenance continuation (≥ 18 yr): 900 mg IV every 2 weeks. <input type="radio"/> Other: |
| aHUS D59.3 | <input type="radio"/> Naïve (≥ 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="radio"/> In midst of titration above (≥ 18 yr): start at week # _____ <input type="radio"/> Maintenance continuation (≥ 18 yr): 1200 mg IV every 2 weeks. <input type="radio"/> 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 ≥ 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-eculizumab 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-eculizumab prn. May repeat q 4 - 6 hr prn. Max 50 mg/kg/day. | |

Eculizumab (Soliris®) Orders

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. | |
| All | Sodium Chloride 0.9% | 100 ml bag | 25 ml | Use to flush gravity tubing after dose to clear line of drug. | Decline <input type="checkbox"/> |
| 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 as needed. |
| 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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