

Soliris Infusion Order (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Required Lab Results: None

Infusion Therapy:

Soliris (eculizumab) IV

- Induction Therapy: 900mg weekly x 4 weeks
- Maintenance Therapy: 1200mg at week 5, then every 2 weeks

ICD 10 code: _____

PRN Medications:

Tylenol 500 mg PO x1 PRN pain

Zofran 8mg ODT x 1 PRN nausea/vomiting

Additional Orders:

Special Instructions:

- Confirm Meningococcal Vaccines (2 vaccines listed below) are administered at least 2 weeks prior to Soliris Infusion induction therapy.
 - **Date of vaccinations:** _____
 - MenACWY (Menactra/Menveo) Booster vaccine required every 5 years
 - MenB (Bexsero) Booster required at year 1, then every 2 years
- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

Infusion Monitoring:

- Obtain vital signs pre- and post-infusion. Obtain vital signs PRN during infusion.
- Observe patient for 1-hour post-infusion for signs and symptoms of infusion reaction. Notify provider if patient declines to stay for post-monitoring period.

Provider Name: _____

Provider Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: