

# Eculizumab (Soliris)

## Provider Order Form

### PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Next Due Date (if applicable):	

### PROVIDER INFORMATION

Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

### NURSING

- Provide nursing care per IVX Standard Nursing Procedures, including reaction management and post-procedure observation
- Meningococcal vaccination status and date (Please provide date given/results) \_\_\_\_\_

### MENINGITIS VACCINE

- Meningococcal conjugate (MenACWY) vaccine  
(Patient will be given either Menactra or Menveo vaccine based on availability and will receive two doses separate by at least eight weeks. Menactra and Menveo are not interchangeable and patient will receive same product for all doses in a series.)
- Serogroup B Meningococcal (MenB) vaccine  
(Patient will be given Bexsero or Trumenba vaccine based on availability and will receive either the two-dose series Bexsero at least one month apart or three-dose series Trumenba at 0, 1-2, and 6 months. Bexsero and Trumenba are not interchangeable and patient will receive same product for all doses in a series.)

#### Choose one of the following to indicate dosing schedule.

- Vaccines may be given same day as starting Soliris infusion
- Vaccines must be given 2 weeks prior to starting Soliris infusion  
(Immunize patients without a history of meningococcal vaccination at least 2 weeks prior to receiving the first dose of Soliris. If urgent Soliris therapy is indicated in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide patients with 2 weeks of antibacterial drug prophylaxis.)

### PRE-MEDICATION ORDERS

- 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
- Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

Immunize patients without a history of meningococcal vaccination at least 2 weeks prior to receiving the first dose of Soliris. If urgent Soliris therapy is indicated in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide patients with 2 weeks of antibacterial drug prophylaxis. Monitor the patient for at least one hour following completion of the infusion for signs or symptoms of an infusion reaction.

### LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_

### THERAPY ADMINISTRATION

- 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 in adults and 1-4 hours in pediatric patients
- Flush with 0.9% sodium chloride at the completion of infusion
- Patient is required to stay for 30-minute observation post infusion/injection
- Patient is NOT required to stay for observation time
- Refills:  Zero /  for 12 months /  \_\_\_\_\_ (if not indicated order will expire one year from date signed)

Ordering Provider: Initial here \_\_\_\_\_ and proceed to the next page.

## ADULT REACTION MANAGEMENT PROTOCOL

- Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting
- If reaction occurs:
  - Stop infusion.
  - Maintain/establish vascular access.
  - Notify referring provider as clinically appropriate and follow clinical escalation protocol.
  - IVX Health clinicians have the following PRN medications available for the following reactions.
    - Headache, pain, fever > 100.4F, chills or rigors- Acetaminophen 650mg PO or Ibuprofen 400mg PO.
    - Mild Hives, itching, redness, or rash- Loratadine 10mg PO or Diphenhydramine 50mg PO.
    - Severe hives, itching, redness, or rash- Diphenhydramine 25-50mg SIVP.
    - Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg ODT (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg PO.
    - Severe Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg SIVP (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg SIVP.
    - Hypotension (90/60), vasovagal response- Place patient in reclined position, administer 0.9% Sodium Chloride IV 250ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
    - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep SpO2 >92%.
    - Solumedrol 125mg IV- Refractory to other treatments given.
    - Other \_\_\_\_\_
  - When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines.
- Severe allergic/anaphylactic reaction:**
  - If symptoms are rapidly progressing or continuing after administration of PRN medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension.)
    - Call 911.
    - Initiate basic life support as needed.
    - Bring the **AED** to the patient (Attach pads if indicated).
    - **Epinephrine**- administer 0.3mg of a 1:1,000 (1mg/ml) concentration intramuscularly (preferably outer thigh), may be repeated every 5-15 minutes as needed to a maximum of 3 doses.
    - Place patient in recumbent position, elevate lower extremities.
    - **Oxygen**- administer 2-15 liters/minute or 100 percent oxygen as needed maintain SpO2 >92 percent.
    - **IV Fluids**- Treat hypotension with normal saline bolus of 500ml, repeat as needed to maintain systolic BP >90.
    - Administer **diphenhydramine** 50mg IV or Famotidine 20mg IVP, if not previously given.
    - Administer **methylprednisolone** 125mg IVP, if not previously given.
    - Continuous monitoring of blood pressure, pulse oximetry, and heart rate.
    - Notify clinical executive, DON or CMO, when appropriate. Must be done same day. Do not delay treatment.

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Patient Date of Birth**

\_\_\_\_\_  
**Provider Name (Print)**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**

**Email [ivxintake@ivxhealth.com](mailto:ivxintake@ivxhealth.com) or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:**

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