



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

DOB: \_\_\_\_\_

## Eculizumab (Soliris®) Infusion Orders

**Diagnosis (please provide ICD-10 code in space provided):**

G70.00 generalized myasthenia gravis without exacerbation       G36.0 Neuromyelitis optica (NMOSD)

Other: \_\_\_\_\_  
(ICD-10) (description)

**Allergies:**

**gMG patients:**       Patient is anti-acetylcholine receptor antibody positive (provide documentation)

**NMOSD patients:**       Patient is anti-aquaporin-4 (AQP4) antibody positive (provide documentation)

**For all patients:**       Meningococcal vaccine(s) given on \_\_\_\_\_ (date)  
First Soliris dose may be given at least 2 weeks later unless otherwise specified.

- Nursing: Hold infusion and notify provider for:
  - Signs/symptoms of infection, planned/recent surgical procedures
  - Signs/symptoms of meningococcal infection such as:
    - Headache accompanied by either (1) fever, (2) nausea/vomiting, (3) stiff neck/back
    - Fever with or without rash
    - Muscle aches with flu-like symptoms
    - Confusion
    - Photophobia
- Ensure patient carries and understands Patient Safety Information Card
- Monitor vital signs before and after infusion.
- If infusion-related reaction occurs, stop infusion and initiate Hypersensitivity Reaction Management Protocol as clinically indicated.

**Pre-medications:**

Tylenol 500 mg PO

Loratadine 10 mg PO

Solu-medrol 125 mg IVP

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

**Administer Soliris 900 mg weekly\* x 4 doses.**

Dilute with 90 ml 0.9% sodium chloride (final volume 180 ml) and infuse over 35 minutes.

**Administer Soliris 1200 mg 1 week\* later (at week 5), then every 2 weeks\* thereafter.**

Dilute with 120 ml 0.9% sodium chloride (final volume 240 ml) and infuse over 35 minutes.

\*Recommended dosage time intervals; may adjust +/- 2 days if needed)

**Observation Period:**

- Monitor patient for hypersensitivity reaction for a period of **60 minutes following each infusion.**
- Record vital signs prior to discharge.

Provider (please print): \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_