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(eculizumab)

# Soliris infusion orders

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Phone \_\_\_\_\_  Male  Female  Other  
 Weight: \_\_\_\_\_ lbs ( \_\_\_\_\_ kg) Height: \_\_\_\_\_ ft \_\_\_\_\_ in  
 Allergies \_\_\_\_\_

## DIAGNOSIS

Description	Description
<input type="radio"/> Paroxysmal nocturnal hemoglobinuria (PNH)	<input type="radio"/> Neuromyelitis Optica Spectrum disorders (NMOSD)
<input type="radio"/> Atypical hemolytic uremic syndrome (aHUS)	_____
<input type="radio"/> Myasthenia Gravis (gMG) with AChR antibody positive	<input type="radio"/> _____

## ORDERS

**Pre-Medication:**

Tylenol 1000mg PO       Benedryl 25mg PO       Solu-Medrol 125mg IV  
 Solu-Cortef 100mg IV      Other \_\_\_\_\_

### Adult Dosing:

PNH (Initial Dose): 600mg IV weekly for the first 4 weeks, followed by 900mg IV for the fifth dose 1 week later, then 900mg IV every 2 weeks thereafter  
 Maintenance Dose: 900mg IV every 2 weeks

aHUS, gMG, and NMOSD (Initial Dose): 900mg IV weekly for the first 4 weeks, followed by 1200mg IV for the fifth dose 1 week later, then 1200mg IV every 2 weeks thereafter  
 Maintenance Dose: 1200mg IV every 2 weeks

### Prescriber must indicate the following requirements have been met (please provide documentation):

- Meningococcal vaccine at least 2 weeks prior to starting treatment
- Positive serologic test (if NMOSD or Myasthenia Gravis diagnosis)
- CBC within 1 year

## NOTES

\_\_\_\_\_

## ORDERING PROVIDER

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Provider \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_