Email: intake@infuseone.com | Phone: 1-800-581-0645|
Please refer to website www.infuseone.com for location specific fax numbers

Soliris Infusion Order

INFUSE ONE

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) _____

Other: _____

☐ NKDA Allergies: _____

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable): _____

Ordering Provider: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

PRE-MEDICATION

☐ Acetaminophen1000mg PO ☐ Solu-Medrol 125mg IVP
☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP
☐ Ceterizine 10mg PO ☐ Diphenhydramine 25mg IVP

REQUIRED LABS

☑ Meningococcal vaccination (both conjugate and serogroup B) are required prior to initiating Soliris infusions (please attach documentation).

☑ Date of meningococcal vaccine: _____

SOLIRIS ORDERS

- Induction Dose **(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
- Maintenance Dose **(Choose one)**
  - ☐ 900mg every two weeks
  - ☐ 1200mg every two weeks

☑ ▪ Dilute with 0.9% NS to a final concentration of 5mg/ml

(600mg doses final volume 120ml, 900mg doses final volume 180ml, 1200mg doses final volume 240ml)

- Infuse over 35 minutes in adults

Refills: _____ (if not indicated prescription will expire one year from date signed)

Infuse One Standing Orders:

☑ Provide treatment under Infuse One's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____

Provider Name

_____ _____

Provider Signature **Date**

Monitor the patient for at least one hour following completion of the infusion for signs or symptoms of an infusion reaction.

Soliris is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). Under the Soliris REMS, prescribers must enroll in the program.