



# Soliris Infusion Order

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

- ☐ Acetaminophen 1000mg 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.