## eculizumab (SOLIRIS) [3555]

Ordering restrictions for eculizumab (Soliris®):

Eculizumab (Soliris®) is restricted to attending-level physicians registered with the eculizumab (Soliris®) REMS Program Patient must be registered with the manufacturer, Alexion Pharmaceuticals, Inc. to receive patient-specific doses for treatment

Indication must be FDA-approved or for transplant patients who meet criteria according to the solid organ transplant clinical practice guideline

Outpatient use when financial approval is obtained

Inpatient use for emergent care of newly diagnosed disease or continuation of maintenance therapy that is medically necessary

## Medications

Please select the appropriate indication: (Single Response)

se select the appropriate indication: (Single Resp	-
Paroxysmal nocturnal hemoglobinuria (Single Respon	
<ul> <li>Has patient received vaccination against meningood infection? (Single Response)</li> </ul>	
<ol> <li>Yes, immunized more than two weeks prior to first of eculizumab (no additional antimicrobial prophyla required per REMS program)</li> </ol>	
[] Dosing of eculizumab (Soliris®) for paroxysmal n hemoglobinuria	octurnal
[] Treatment Week 1 (Single Response)	
<ul><li>() First Dose - eculizumab (SOLIRIS) infusion</li><li>- Week 1</li></ul>	600 mg, intravenous, once, For 1 Doses Given as first dose for paroxysmal nocturnal hemoglobinuria on Week 1
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	Indication: Paroxysmal nocturnal hemoglobinuria
[] Treatment Week 2 (Single Response)	
() Second Dose - eculizumab (SOLIRIS) infusion - Week 2	600 mg, intravenous, once, For 1 Doses Given as second dose for paroxysmal nocturnal hemoglobinuria o Week 2
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
[] Treatment Week 2	Indication: Paroxysmal nocturnal hemoglobinuria
[] Treatment Week 3	600 mg introveneurs ande For 1 Deses
<ul> <li>[] Third Dose - eculizumab (SOLIRIS) infusion</li> <li>Week 3</li> </ul>	600 mg, intravenous, once, For 1 Doses Given as third dose for paroxysmal nocturnal hemoglobinuria on Week 3
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	Indication: Paroxysmal nocturnal hemoglobinuria
[] Treatment Week 4	
[] Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4	600 mg, intravenous, once, For 1 Doses Given as fourth dose for paroxysmal nocturnal hemoglobinuria on Week 4
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	Indication: Paroxysmal nocturnal hemoglobinuria

<ul> <li>000 mg, intravenous, every 14 days</li> <li>Siven as fifth and subsequent dose for paroxysmal nocturnal hemoglobinuria on Week 5 and thereafter</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet eard in accordance with the REMS program?</li> <li>Indication: Paroxysmal nocturnal hemoglobinuria</li> <li>e of</li> <li>Biven as first dose for paroxysmal nocturnal hemoglobinuria on Veek 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet eard in accordance with the REMS program?</li> <li>Biven as first dose for paroxysmal nocturnal hemoglobinuria on Veek 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet eard in accordance with the REMS program?</li> <li>Boo mg, intravenous, once, For 1 Doses</li> <li>Biven as second dose for paroxysmal nocturnal hemoglobinuria</li> <li>Biven as second dose for paroxysmal nocturnal hemoglobinuria on Veek 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> </ul>
Sournal Sournal Sournas first dose for paroxysmal nocturnal hemoglobinuria on Veek 1 Are you an attending-level provider enrolled in the Soliris® REMS brogram? Has the patient been provided medication counseling and a wallet eard in accordance with the REMS program? Indication: Paroxysmal nocturnal hemoglobinuria Sournes intravenous, once, For 1 Doses Siven as second dose for paroxysmal nocturnal hemoglobinuria on Veek 2 Are you an attending-level provider enrolled in the Soliris® REMS
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000 mg, intravenous, every 14 days
Given as fifth and subsequent dose for paroxysmal nocturnal nemoglobinuria on Week 5 and thereafter
Are you an attending-level provider enrolled in the Soliris® REMS
program? Has the patient been provided medication counseling and a wallet
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ndication: Paroxysmal nocturnal hemoglobinuria

If eculizumab (Soliris) is scheduled to be given LESS than two weeks after being vaccinated for meningococcal infection, please select antimicrobial prophylaxis to be administered in conjunction with vaccination.

() ciprofloxacin HCI (CIPRO) tablet	500 mg, oral, 2 times daily
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, 2 times daily
	For eligible patients, this intravenous antimicrobial can be changed b
	pharmacists to oral ciprofloxacin per hospital policy.
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() penicillin v potassium (VEETID) tablet	500 mg, oral, 2 times daily
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningor infection (antimicrobial prophylaxis AND vaccinati against meningococcal infection REQUIRED per program and mandated through this order set)	coccal
Dosing of eculizumab (Soliris®) for paroxysmal hemoglobinuria	nocturnal
[] Treatment Week 1 (Single Response)	
() First Dose - eculizumab (SOLIRIS) infusion	600 mg, intravenous, once, For 1 Doses
- Week 1	Given as first dose for paroxysmal nocturnal hemoglobinuria on Week 1
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Paroxysmal nocturnal hemoglobinuria
[] Treatment Week 2 (Single Response)	
() Second Dose - eculizumab (SOLIRIS)	600 mg, intravenous, once, For 1 Doses
infusion - Week 2	Given as second dose for paroxysmal nocturnal hemoglobinuria on
	Week 2
	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Paroxysmal nocturnal hemoglobinuria
[] Treatment Week 3	
[] Third Dose - eculizumab (SOLIRIS) infusion	600 mg, intravenous, once, For 1 Doses
- Week 3	Given as third dose for paroxysmal nocturnal hemoglobinuria on Week 3
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Paroxysmal nocturnal hemoglobinuria
[] Treatment Week 4	· · · ·
[] Fourth Dose - eculizumab (SOLIRIS)	600 mg, intravenous, once, For 1 Doses
[] Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4	Given as fourth dose for paroxysmal nocturnal hemoglobinuria on Week 4
	Are you an attending-level provider enrolled in the Soliris® REMS
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?

[] Fifth Doca - aculizumah (SOLIDIS) infusion	900 mg, intravenous, every 14 days
[] Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter	Given as fifth and subsequent dose for paroxysmal nocturnal
	hemoglobinuria on Week 5 and thereafter
	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Paroxysmal nocturnal hemoglobinuria
[] Antimicrobial Prophylaxis Against Meningococo Infection (Single Response)	
	LESS than two weeks after being vaccinated for meningococcal infecti
please select antimicrobial prophylaxis to be ad	
() ciprofloxacin HCI (CIPRO) tablet	500 mg, oral, 2 times daily
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, 2 times daily
	For eligible patients, this intravenous antimicrobial can be changed l
	pharmacists to oral ciprofloxacin per hospital policy.
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() penicillin v potassium (VEETID) tablet	500 mg, oral, 2 times daily
·····	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
[] Meningococcal infection vaccination	
[] meningococcal polysaccharide	0.5 mL, intramuscular, once, For 1 Doses
(MENACTRA) injection	Inject into deltoid muscle.
[] Meningococcal Group B vaccine	0.5 mL, intramuscular, once, For 1 Doses
(BEXSERO) 2-dose series	Give as a 2-dose series, with doses administered at least 1 month
( )	apart
	Bexsero (meningococcal group B vaccine) is given as a series of tw
	vaccinations administered one month apart. Which dose is this?
	Indication for Therapy:
typical hemolytic uremic syndrome	
Has patient received vaccination against meningo	ococcal
infection? (Single Response)	
) Yes, immunized more than two weeks prior to fir	
of eculizumab (no additional antimicrobial proph	ylaxis
required per REMS program)	
[] Dosing of eculizumab (Soliris®) for atypical her	nolytic
uremic syndrome (aHUS)	nolytic
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response)	
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response)	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program?
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response)	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
uremic syndrome (aHUS)         [] Treatment Week 1 (Single Response)         () First Dose - eculizumab (SOLIRIS) infusion         - Week 1         [] Treatment Week 2 (Single Response)         () Second Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses
uremic syndrome (aHUS) [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response)	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
uremic syndrome (aHUS)         [] Treatment Week 1 (Single Response)         () First Dose - eculizumab (SOLIRIS) infusion         - Week 1         [] Treatment Week 2 (Single Response)         () Second Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses
uremic syndrome (aHUS)         [] Treatment Week 1 (Single Response)         () First Dose - eculizumab (SOLIRIS) infusion         - Week 1         [] Treatment Week 2 (Single Response)         () Second Dose - eculizumab (SOLIRIS)	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for aHUS on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Atypical hemolytic uremic syndrome</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for aHUS on Week 2</li> </ul>
uremic syndrome (aHUS)         [] Treatment Week 1 (Single Response)         () First Dose - eculizumab (SOLIRIS) infusion         - Week 1         [] Treatment Week 2 (Single Response)         () Second Dose - eculizumab (SOLIRIS)	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for aHUS on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Atypical hemolytic uremic syndrome</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for aHUS on Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> </ul>
uremic syndrome (aHUS)         [] Treatment Week 1 (Single Response)         () First Dose - eculizumab (SOLIRIS) infusion         - Week 1         [] Treatment Week 2 (Single Response)         () Second Dose - eculizumab (SOLIRIS)	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for aHUS on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Atypical hemolytic uremic syndrome</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for aHUS on Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS</li> </ul>

[] Third Dose - eculizumab (SOLIRIS) infusion	
- Week 3	900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3
	Are you an attending-level provider enrolled in the Soliris® REMS
	program? Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Atypical hemolytic uremic syndrome
[] Treatment Week 4	
<ul> <li>Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4</li> </ul>	900 mg, intravenous, once, For 1 Doses Given as fourth dose for aHUS on Week 4
Iniusion - Week 4	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
] Treatment Week 5 and thereafter	Indication: Atypical hemolytic uremic syndrome
[] Fifth Dose - eculizumab (SOLIRIS) infusion	1,200 mg, intravenous, every 14 days
- Week 5 and thereafter	Given as fifth and subsequent dose for aHUS on Week 5 and
	thereafter
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Atypical hemolytic uremic syndrome
Yes, immunized less than two weeks prior to first of	
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection	apy
(antimicrobial prophylaxis	
Dosing of eculizumab (Soliris®) for atypical hemo	olytic
uremic syndrome (aHUS)	
[] Treatment Week 1 - 900 mg (Single Response)	
<ul> <li>() First Dose - eculizumab (SOLIRIS) infusion</li> <li>Week 1</li> </ul>	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1
Week I	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
1 Treatment Week 2 - 900 mg (Single Response)	card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
<ul> <li>[] Treatment Week 2 - 900 mg (Single Response)</li> <li>() Second Dose - eculizumab (SOLIRIS)</li> </ul>	
	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2
() Second Dose - eculizumab (SOLIRIS)	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS
() Second Dose - eculizumab (SOLIRIS)	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program?
() Second Dose - eculizumab (SOLIRIS)	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
() Second Dose - eculizumab (SOLIRIS)	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program?
<ul> <li>Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>Treatment Week 3 - 900 mg</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses
<ul> <li>Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>Treatment Week 3 - 900 mg</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3</li> <li>[] Treatment Week 4 - 900 mg</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3</li> <li>[] Treatment Week 4 - 900 mg</li> <li>[] Fourth Dose - eculizumab (SOLIRIS)</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3</li> <li>[] Treatment Week 4 - 900 mg</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3</li> <li>[] Treatment Week 4 - 900 mg</li> <li>[] Fourth Dose - eculizumab (SOLIRIS)</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as fourth dose for aHUS on Week 4 Are you an attending-level provider enrolled in the Soliris® REMS program?
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3</li> <li>[] Treatment Week 4 - 900 mg</li> <li>[] Fourth Dose - eculizumab (SOLIRIS)</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as fourth dose for aHUS on Week 4 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
<ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>[] Treatment Week 3 - 900 mg</li> <li>[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3</li> <li>[] Treatment Week 4 - 900 mg</li> <li>[] Fourth Dose - eculizumab (SOLIRIS)</li> </ul>	Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome 900 mg, intravenous, once, For 1 Doses Given as fourth dose for aHUS on Week 4 Are you an attending-level provider enrolled in the Soliris® REMS program?

<ul> <li>Fifth Dose - eculizumab (SOLIRIS) infusion</li> <li>Week 5 and thereafter</li> </ul>	1,200 mg, intravenous, every 14 days Given as fifth and subsequent dose for aHUS on Week 5 and thereafter
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	Indication: Atypical hemolytic uremic syndrome
<ul> <li>[] Antimicrobial Prophylaxis Against Meningococca Infection (Single Response)</li> </ul>	
If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adm	ESS than two weeks after being vaccinated for meningococcal infection, ninistered in conjunction with vaccination.
() ciprofloxacin HCI (CIPRO) tablet	500 mg, oral, 2 times daily
()	Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
() ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, 2 times daily
	For eligible patients, this intravenous antimicrobial can be changed by
	pharmacists to oral ciprofloxacin per hospital policy.
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() penicillin v potassium (VEETID) tablet	500 mg, oral, 2 times daily
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
<ul> <li>No vaccination has been given and risks of delaying eculizumab therapy outweigh the risk of meningood</li> </ul>	coccal
infection (antimicrobial prophylaxis AND vaccination	
against meningococcal infection REQUIRED per F	REMS
program and mandated through this order set)	.1.0.
[] Dosing of eculizumab (Soliris®) for atypical heme uremic syndrome (aHUS)	- 
[] Treatment Week 1 - 900 mg (Single Response)	
<ul> <li>First Dose - eculizumab (SOLIRIS) infusion</li> <li>Week 1</li> </ul>	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1
	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
[] Treatment Week 2 - 900 mg (Single Response)	
() Second Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses
infusion - Week 2	Given as second dose for aHUS on Week 2
	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Atypical hemolytic uremic syndrome
[] Treatment Week 3 - 900 mg	
[] Third Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses
- Week 3	Given as third dose for aHUS on Week 3
	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Atypical hemolytic uremic syndrome
[] Treatment Week 4 - 900 mg	
[] Fourth Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses
infusion - Week 4	Given as fourth dose for aHUS on Week 4
	Are you an attending-level provider enrolled in the Soliris® REMS
	program? Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
	Indication: Atypical hemolytic uremic syndrome

<ul> <li>[] Treatment Week 5 and thereafter - 1200 mg</li> <li>[] Fifth Dose - eculizumab (SOLIRIS) infusion</li> </ul>	1,200 mg, intravenous, every 14 days
<ul> <li>Fifth Dose - eculizumab (SOLIRIS) infusion</li> <li>Week 5 and thereafter</li> </ul>	Given as fifth and subsequent dose for aHUS on Week 5 and thereafter
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
[] Antimicrobial Prophylaxis Against Meningococca Infection (Single Response)	al
If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr	ESS than two weeks after being vaccinated for meningococcal infection in the second state of the second st
() ciprofloxacin HCI (CIPRO) tablet	500 mg, oral, 2 times daily
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, 2 times daily
	For eligible patients, this intravenous antimicrobial can be changed a pharmacists to oral ciprofloxacin per hospital policy.
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() penicillin v potassium (VEETID) tablet	500 mg, oral, 2 times daily
	Type of Therapy: New Anti-Infective Order
1 Maningacaccal infaction vaccination	Reason for Therapy: Medical Prophylaxis
[] Meningococcal infection vaccination       []         [] meningococcal polysaccharide	0.5 mL, intramuscular, once, For 1 Doses
(MENACTRA) injection	Inject into deltoid muscle.
[] Meningococcal Group B vaccine	0.5 mL, intramuscular, once, For 1 Doses
(BEXSERO) 2-dose series	Give as a 2-dose series, with doses administered at least 1 month
	apart
	Bexsero (meningococcal group B vaccine) is given as a series of two vaccinations administered one month apart. Which dose is this? Indication for Therapy: Receiving eculizumab (Soliris)
euromyelitis optica spectrum disorder	
Has patient received vaccination against meningoo infection? (Single Response)	coccal
) Yes, immunized more than two weeks prior to firs	
of eculizumab (no additional antimicrobial prophy required per REMS program)	laxis
<ul> <li>Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder</li> </ul>	s optica
[] Treatment Week 1 (Single Response)	
<ul> <li>First Dose - eculizumab (SOLIRIS) infusion</li> <li>Week 1</li> </ul>	900 mg, intravenous, once, For 1 Doses Given as first dose for neuromyelitis optica spectrum disorder on Week 1
	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
[] Treatment Week 2 (Single Response)	Indication: Neuromyelitis optica spectrum disorder
() Second Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses
infusion - Week 2	Given as second dose for neuromyelitis optica spectrum disorder o Week 2
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	cara in accordance man are rezime program.

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[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3	900 mg, intravenous, once, For 1 Doses Given as third dose for neuromyelitis optica spectrum disorder on Week 3
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program? Indication: Neuromyelitis optica spectrum disorder
[] Treatment Week 4	
[] Fourth Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses
infusion - Week 4	Given as fourth dose for neuromyelitis optica spectrum disorder on Week 4
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
1 Treatment Week 5 and thereofter	Indication: Neuromyelitis optica spectrum disorder
[] Treatment Week 5 and thereafter [] Fifth Dose - eculizumab (SOLIRIS) infusion	1,200 mg, intravenous, every 14 days
- Week 5 and thereafter	Given as fifth and subsequent dose for neuromyelitis optica
	spectrum disorder on Week 5 and thereafter
	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	Indication: Neuromyelitis optica spectrum disorder
Yes, immunized less than two weeks prior to first	dose of
eculizumab and risks of delaying eculizumab there	ару
	ару
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection	
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response)	
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	s optica 900 mg, intravenous, once, For 1 Doses
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response)	s optica 900 mg, intravenous, once, For 1 Doses Given as first dose for neuromyelitis optica spectrum disorder on Week 1
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses Given as first dose for neuromyelitis optica spectrum disorder on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program?
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses Given as first dose for neuromyelitis optica spectrum disorder on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
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eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1	900 mg, intravenous, once, For 1 Doses Given as first dose for neuromyelitis optica spectrum disorder on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Neuromyelitis optica spectrum disorder
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder or</li> </ul>
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response) () Second Dose - eculizumab (SOLIRIS)	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder or Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS</li> </ul>
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response) () Second Dose - eculizumab (SOLIRIS)	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder or Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet</li> </ul>
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response) () Second Dose - eculizumab (SOLIRIS)	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder or Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> </ul>
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response) () Second Dose - eculizumab (SOLIRIS) infusion - Week 2	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder of Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet</li> </ul>
<ul> <li>eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis</li> <li>Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder</li> <li>[] Treatment Week 1 (Single Response)</li> <li>() First Dose - eculizumab (SOLIRIS) infusion - Week 1</li> </ul> [] Treatment Week 2 (Single Response) <ul> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> </ul>	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder on Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program and a wallet card in accordance with the REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> </ul>
eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis ] Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response) () Second Dose - eculizumab (SOLIRIS) infusion - Week 2	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder of Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Holication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as third dose for neuromyelitis optica spectrum disorder on the soliris optica spectrum disorder</li> </ul>
<ul> <li>eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis</li> <li>Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder</li> <li>[] Treatment Week 1 (Single Response)</li> <li>() First Dose - eculizumab (SOLIRIS) infusion - Week 1</li> </ul>	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder or Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder or Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as third dose for neuromyelitis optica spectrum disorder on Week 3</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS</li> </ul>
<ul> <li>eculizumab and risks of delaying eculizumab thera outweigh the risk of meningococcal infection (antimicrobial prophylaxis</li> <li>Dosing of eculizumab (Soliris®) for neuromyelitis spectrum disorder</li> <li>[] Treatment Week 1 (Single Response)</li> <li>() First Dose - eculizumab (SOLIRIS) infusion - Week 1</li> </ul>	<ul> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as first dose for neuromyelitis optica spectrum disorder on Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as second dose for neuromyelitis optica spectrum disorder or Week 2</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Holication: Neuromyelitis optica spectrum disorder</li> <li>900 mg, intravenous, once, For 1 Doses</li> <li>Given as third dose for neuromyelitis optica spectrum disorder on Week 3</li> </ul>

[] Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4	900 mg, intravenous, once, For 1 Doses Given as fourth dose for neuromyelitis optica spectrum disorder on
	Week 4 Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	Indication: Neuromyelitis optica spectrum disorder
[] Treatment Week 5 and thereafter	
[] Fifth Dose - eculizumab (SOLIRIS) infusion	1,200 mg, intravenous, every 14 days
- Week 5 and thereafter	Given as fifth and subsequent dose for neuromyelitis optica spectrum disorder on Week 5 and thereafter
	Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
1 Antimicrobial Prophylaxis Against Maningacase	Indication: Neuromyelitis optica spectrum disorder
] Antimicrobial Prophylaxis Against Meningococca Infection (Single Response)	a
If eculizumab (Soliris) is scheduled to be given I	LESS than two weeks after being vaccinated for meningococcal infection
please select antimicrobial prophylaxis to be add	ministered in conjunction with vaccination.
() ciprofloxacin HCI (CIPRO) tablet	500 mg, oral, 2 times daily
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, 2 times daily
	For eligible patients, this intravenous antimicrobial can be changed be pharmacists to oral ciprofloxacin per hospital policy.
	Type of Therapy, new Anti-Infective Order
	Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
() penicillin v potassium (VEETID) tablet	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily
() penicillin v potassium (VEETID) tablet	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<ul> <li>() penicillin v potassium (VEETID) tablet</li> <li>No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo</li> </ul>	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ing
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ing coccal ion
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ing coccal ion
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ing coccal ion REMS
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ing coccal ion REMS
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response)	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ring recoccal ion REMS s optica
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ring coccal ion REMS s optica 900 mg, intravenous, once, For 1 Doses
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response)	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ring recoccal ion REMS s optica
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ing coccal ion REMS s optica 900 mg, intravenous, once, For 1 Doses Given as first dose for neuromyelitis optica spectrum disorder on
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	Reason for Therapy: Medical Prophylaxis         500 mg, oral, 2 times daily         Type of Therapy: New Anti-Infective Order         Reason for Therapy: Medical Prophylaxis         ring         cocccal         ion         REMS         s optica         900 mg, intravenous, once, For 1 Doses         Given as first dose for neuromyelitis optica spectrum disorder on         Week 1         Are you an attending-level provider enrolled in the Soliris® REMS         program?
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	Reason for Therapy: Medical Prophylaxis         500 mg, oral, 2 times daily         Type of Therapy: New Anti-Infective Order         Reason for Therapy: Medical Prophylaxis         ring         cocccal         ion         REMS         s optica         900 mg, intravenous, once, For 1 Doses         Given as first dose for neuromyelitis optica spectrum disorder on         Week 1         Are you an attending-level provider enrolled in the Soliris® REMS         program?         Has the patient been provided medication counseling and a wallet
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	Reason for Therapy: Medical Prophylaxis         500 mg, oral, 2 times daily         Type of Therapy: New Anti-Infective Order         Reason for Therapy: Medical Prophylaxis         ring         cocccal         ion         REMS         s optica         900 mg, intravenous, once, For 1 Doses         Given as first dose for neuromyelitis optica spectrum disorder on         Week 1         Are you an attending-level provider enrolled in the Soliris® REMS         program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1	Reason for Therapy: Medical Prophylaxis         500 mg, oral, 2 times daily         Type of Therapy: New Anti-Infective Order         Reason for Therapy: Medical Prophylaxis         ring         cocccal         ion         REMS         s optica         900 mg, intravenous, once, For 1 Doses         Given as first dose for neuromyelitis optica spectrum disorder on         Week 1         Are you an attending-level provider enrolled in the Soliris® REMS         program?         Has the patient been provided medication counseling and a wallet
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion	Reason for Therapy: Medical Prophylaxis         500 mg, oral, 2 times daily         Type of Therapy: New Anti-Infective Order         Reason for Therapy: Medical Prophylaxis         ring         cocccal         ion         REMS         s optica         900 mg, intravenous, once, For 1 Doses         Given as first dose for neuromyelitis optica spectrum disorder on         Week 1         Are you an attending-level provider enrolled in the Soliris® REMS         program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ing coccal ion REMS s optica 900 mg, intravenous, once, For 1 Doses Given as first dose for neuromyelitis optica spectrum disorder on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Neuromyelitis optica spectrum disorder 900 mg, intravenous, once, For 1 Doses
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response) () Second Dose - eculizumab (SOLIRIS)	Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis ing coccal ion REMS s optica 900 mg, intravenous, once, For 1 Doses Given as first dose for neuromyelitis optica spectrum disorder on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Neuromyelitis optica spectrum disorder 900 mg, intravenous, once, For 1 Doses Given as second dose for neuromyelitis optica spectrum disorder
No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo infection (antimicrobial prophylaxis AND vaccinat against meningococcal infection REQUIRED per program and mandated through this order set) ] Dosing of eculizumab (Soliris®) for neuromyeliti spectrum disorder [] Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 [] Treatment Week 2 (Single Response) () Second Dose - eculizumab (SOLIRIS)	Reason for Therapy: Medical Prophylaxis         500 mg, oral, 2 times daily         Type of Therapy: New Anti-Infective Order         Reason for Therapy: Medical Prophylaxis         ing         coccal         ion         REMS         s optica         900 mg, intravenous, once, For 1 Doses         Given as first dose for neuromyelitis optica spectrum disorder on         Week 1         Are you an attending-level provider enrolled in the Soliris® REMS         program?         Has the patient been provided medication counseling and a wallet         card in accordance with the REMS program?         Indication: Neuromyelitis optica spectrum disorder         900 mg, intravenous, once, For 1 Doses         Given as second dose for neuromyelitis optica spectrum disorder         900 mg, intravenous, once, For 1 Doses         Given as second dose for neuromyelitis optica spectrum disorder on         Week 2         Are you an attending-level provider enrolled in the Soliris® REMS

	hird Dose - eculizumab (SOLIRIS) infusion Week 3	900 mg, intravenous, once, For 1 Doses Given as third dose for neuromyelitis optica spectrum disorder on Week 3
		Are you an attending-level provider enrolled in the Soliris® REMS program?
		Has the patient been provided medication counseling and a wallet
		card in accordance with the REMS program? Indication: Neuromyelitis optica spectrum disorder
[] Tre	eatment Week 4	
	ourth Dose - eculizumab (SOLIRIS) fusion - Week 4	900 mg, intravenous, once, For 1 Doses Given as fourth dose for neuromyelitis optica spectrum disorder on
		Week 4 Are you an attending-level provider enrolled in the Soliris® REMS program?
		Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
		Indication: Neuromyelitis optica spectrum disorder
[] Tre	atment Week 5 and thereafter	
	fth Dose - eculizumab (SOLIRIS) infusion	1,200 mg, intravenous, every 14 days
- V	Week 5 and thereafter	Given as fifth and subsequent dose for neuromyelitis optica
		spectrum disorder on Week 5 and thereafter
		Are you an attending-level provider enrolled in the Soliris® REMS program?
		Has the patient been provided medication counseling and a wallet
		card in accordance with the REMS program?
[] Aptin	nicrobial Prophylaxis Against Meningococca	Indication: Neuromyelitis optica spectrum disorder
n nec	ction (Single Response)	
	ction (Single Response) ulizumab (Soliris) is scheduled to be given L	ESS than two weeks after being vaccinated for meningococcal infecti
lf ecu		ESS than two weeks after being vaccinated for meningococcal infection ministered in conjunction with vaccination.
lf ecu pleas	ulizumab (Soliris) is scheduled to be given L	ministered in conjunction with vaccination. 500 mg, oral, 2 times daily
lf ecu pleas	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr	<ul><li>ministered in conjunction with vaccination.</li><li>500 mg, oral, 2 times daily</li><li>Type of Therapy: New Anti-Infective Order</li></ul>
If ecu pleas () cipr	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet	500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
If ecu pleas () cipr	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> </ul>
If ecu pleas () cipr	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> </ul>
If ecu pleas () cipr	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed to pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> </ul>
If ecu pleas () cipr () cipr	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet rofloxacin (CIPRO) IV	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed to pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> </ul>
If ecu pleas () cipr () cipr	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed to pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>500 mg, oral, 2 times daily</li> </ul>
If ecu pleas () cipr () cipr	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet rofloxacin (CIPRO) IV	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed to pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> </ul>
If ecu pleas () cipr () cipr () pen	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet rofloxacin (CIPRO) IV	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed to pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>500 mg, oral, 2 times daily</li> </ul>
If ecu pleas () cipr () cipr () pen	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet rofloxacin (CIPRO) IV nicillin v potassium (VEETID) tablet	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed be</li> <li>pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> </ul>
If ecu pleas () cipr () cipr () pen [] Meni [] mer	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet rofloxacin (CIPRO) IV nicillin v potassium (VEETID) tablet ingococcal infection vaccination ningococcal polysaccharide	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed be pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> </ul>
If ecu pleas () cipr () cipr () pen [] Meni [] mer (ME	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet rofloxacin (CIPRO) IV nicillin v potassium (VEETID) tablet ingococcal infection vaccination ningococcal polysaccharide ENACTRA) injection	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed I</li> <li>pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>0.5 mL, intramuscular, once, For 1 Doses</li> <li>Inject into deltoid muscle.</li> </ul>
If ecu pleas () cipr () cipr () pen [] Meni [] mer (ME [] Mer	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet rofloxacin (CIPRO) IV nicillin v potassium (VEETID) tablet ingococcal infection vaccination ningococcal polysaccharide	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed I</li> <li>pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> </ul>
If ecu pleas () cipr () cipr () pen [] Meni [] mer (ME [] Meri	ulizumab (Soliris) is scheduled to be given L se select antimicrobial prophylaxis to be adr rofloxacin HCI (CIPRO) tablet rofloxacin (CIPRO) IV nicillin v potassium (VEETID) tablet ingococcal infection vaccination ningococcal polysaccharide ENACTRA) injection ningococcal Group B vaccine	<ul> <li>ministered in conjunction with vaccination.</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>400 mg, intravenous, for 60 Minutes, 2 times daily</li> <li>For eligible patients, this intravenous antimicrobial can be changed I</li> <li>pharmacists to oral ciprofloxacin per hospital policy.</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>500 mg, oral, 2 times daily</li> <li>Type of Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: New Anti-Infective Order</li> <li>Reason for Therapy: Medical Prophylaxis</li> <li>0.5 mL, intramuscular, once, For 1 Doses</li> <li>Inject into deltoid muscle.</li> </ul>
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<ul> <li>on Week 5 and thereafter Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis</li> <li>Yes, immunized less than two weeks prior to first dose of eculizumab and risks of delaying eculizumab therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis</li> <li>Dosing of eculizumab (SoLIRIS) infusion - Week 1</li> <li>() First Dose - eculizumab (SOLIRIS) infusion - Week 1</li> <li>Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>() Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> </ul>		
Indication: Refractory myasthenia gravis         1       Treatment Week 2 (Single Response)         9       900 mg, intravenous, once, For 1 Doses         Given as second dose for refractory myasthenia gravis on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program?         1       Treatment Week 3         1       Program?         1       Indication: Refractory myasthenia gravis on Week 3 Are you an attending-level provider morolled in the Soliris® REMS program?         1       Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         1       Fourth Dose - eculizumab (SOLIRIS)         1       Fourth Dose - eculizumab (SOLIRIS)         1       Fourth Dose - eculizumab (SOLIRIS)         1       Freatment Week 4         1       Fourth Dose - eculizumab (SOLIRIS)         1       Freatment Week 5 and thereafter         1       Freatment Week 5 and therea		Given as first dose for refractory myasthenia gravis on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
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1       Treatment Week 3         11       Third Dose - eculizumab (SOLIRIS) infusion - Week 3       900 mg, intravenous, once, For 1 Doses Given as third dose for refractory myasthenia gravis on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program?         1       Treatment Week 4       900 mg, intravenous, once, For 1 Doses Given as tourth dose for refractory myasthenia gravis on Week 4 Are you an attending-level provider enrolled in the Soliris® REMS program?         1       Treatment Week 4       900 mg, intravenous, once, For 1 Doses Given as tourth dose for refractory myasthenia gravis on Week 4 Are you an attending-level provider enrolled in the Soliris® REMS program?         1       Treatment Week 5 and thereafter       900 mg, intravenous, once, For 1 Doses Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter         1       Treatment Week 5 and thereafter       1,200 mg, intravenous, every 14 days Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter         1       +Week 5 and thereafter       1,200 mg, intravenous, every 14 days Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter         2       +Week 5 and thereafter       1,200 mg, intravenous, once, For 1 Doses Given as fifth and subsequent dose for refractory myasthenia gravis         2       Treatment Week 1 (Single Response)       1,200 mg, intravenous, once, For 1 Doses Given as first dose of eculizumab (SOLIRIS) infusion - Week 1         1       Treatament Week 1 (Single Respons	() Second Dose - eculizumab (SOLIRIS)	Given as second dose for refractory myasthenia gravis on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
1       Third Dose - eculizumab (SOLIRIS) infusion       900 mg, intravenous, once, For 1 Doses         - Week 3       Are you an attending-level provider enrolled in the Soliris® REMS program?         - Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         - Treatment Week 4       900 mg, intravenous, once, For 1 Doses         1       Treatment Week 4         1       Fourth Dose - eculizumab (SOLIRIS) infusion         1       Fourth Dose - eculizumab (SOLIRIS)         infusion - Week 4       900 mg, intravenous, once, For 1 Doses         2       Treatment Week 5 and thereafter         1       Fifth Dose - eculizumab (SOLIRIS) infusion         - Week 5 and thereafter       1,200 mg, intravenous, every 14 days         - Week 5 and thereafter       1,200 mg, intravenous, every 14 days         - Week 5 and thereafter       Are you an attending-level provider enrolled in the Soliris® REMS program?         - Week 5 and thereafter       1,200 mg, intravenous, every 14 days         - Week 5 and thereafter       1,200 mg, intravenous, once, For 1 Doses         - Week 5 and thereafter       1,200 mg, intravenous, once, For 1 Doses         - Week 5 and thereafter       Are you an attending-level provider enrolled in the Soliris® REMS program?         - Has the patient been provided medication counseling and a wallet card in accordance with the REM		Indication: Refractory myasthenia gravis
- Week 3       Given as third dose for refractory myasthenia gravis on Week 3         Are you an attending-level provider enrolled in the Soliris® REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         Indication: Refractory myasthenia gravis on Week 4         Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4         Preatment Week 5 and thereafter         Image: Preatment We		
1       Treatment Week 4         1       Fourth Dose - eculizumab (SOLIRIS)         infusion - Week 4       900 mg, intravenous, once, For 1 Doses         Given as fourth dose for refractory myasthenia gravis on Week 4         Are you an attending-level provider enrolled in the Soliris® REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         Indication: Refractory myasthenia gravis         1       Treatment Week 5 and thereafter         1       Fifth Dose - eculizumab (SOLIRIS) infusion         - Week 5 and thereafter       1,200 mg, intravenous, every 14 days         Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter       1,200 mg, intravenous, every 14 days         Preserval       Treatment Week 5 and thereafter       1,200 mg, intravenous, every 14 days         Given as fifth and subsequent dose for refractory myasthenia gravis       REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?       Indication: Refractory myasthenia gravis         Yes, immunized less than two weeks prior to first dose of eculizumab therapy outweigh the risk of meningococcal infection       900 mg, intravenous, once, For 1 Doses         Given as first dose for refractory myasthenia gravis       900 mg, intravenous, once, For 1 Doses         Given as first dose for refractory myastheni		Given as third dose for refractory myasthenia gravis on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
infusion - Week 4       Given as fourth dose for refractory myasthenia gravis on Week 4         Are you an attending-level provider enrolled in the Soliris® REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         Indication: Refractory myasthenia gravis         1       Fifth Dose - eculizumab (SOLIRIS) infusion         - Week 5 and thereafter       1,200 mg, intravenous, every 14 days         Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter         - Week 5 and thereafter       Are you an attending-level provider enrolled in the Soliris® REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         Has the patient been provider enrolled in the Soliris® REMS program?         Has the patient been provider enrolled in the Soliris® REMS program?         Has the patient been provider enrolled in the Soliris® REMS program?         Indication: Refractory myasthenia gravis         Yes, immunized less than two weeks prior to first dose of eculizumab (Soliris®) for refractory myasthenia gravis         Dosing of eculizumab (SolIRIS) infusion - Week 1 (Single Response)         ()       First Dose - eculizumab (SOLIRIS) infusion - Week 2 (Single Response)         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2 (Single Response)         ()       Second Dose - eculizumab (SOLIRIS) infusion	[] Treatment Week 4	
1       Treatment Week 5 and thereafter         1       Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter       1,200 mg, intravenous, every 14 days         Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter       Are you an attending-level provider enrolled in the Soliris® REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis         Yes, immunized less than two weeks prior to first dose of eculizumab and risks of delaying eculizumab therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis         Dosing of eculizumab (SoLiris®) for refractory myasthenia gravis         1       Treatment Week 1 (Single Response)         ()       First Dose - eculizumab (SOLIRIS) infusion - Week 1         ()       First Dose - eculizumab (SOLIRIS) infusion - Week 2 (Single Response)         1       900 mg, intravenous, once, For 1 Doses Given as first dose for refractory myasthenia gravis on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program?         1       Treatment Week 2 (Single Response)         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         ()		Given as fourth dose for refractory myasthenia gravis on Week 4 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
[]       Fifth Dose - eculizumab (SOLIRIS) infusion       1,200 mg, intravenous, every 14 days         Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter       Are you an attending-level provider enrolled in the Soliris® REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         Indication: Refractory myasthenia gravis         Yes, immunized less than two weeks prior to first dose of eculizumab and risks of delaying eculizumab therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis         Dosing of eculizumab (SOLIRIS) infusion - Week 1         ()       First Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Single Response)         ()       First Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         ()       Second Dose - eculizumab (SOLIRIS)         infusion - Week 2       Single Response)         ()       Second Dose - eculizumab (SOLIRIS)         infusion - Week 2       Single Response)         ()       Second Dose - eculizumab (SOLIRIS)         infusion -	[] Treatment Week 5 and thereafter	
eculizumab and risks of delaying eculizumab therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis Dosing of eculizumab (Soliris®) for refractory myasthenia gravis Treatment Week 1 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 - Week 1 - Treatment Week 2 (Single Response) () First Dose - eculizumab (SOLIRIS) infusion - Week 1 - Week 1 - Treatment Week 2 (Single Response) () Second Dose - eculizumab (SOLIRIS) infusion - Week 2 () Second Dose - eculizumab (SOLIRIS) infusion - Wee	[] Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter	<ul> <li>Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?</li> <li>Indication: Refractory myasthenia gravis</li> </ul>
outweigh the risk of meningococcal infection (antimicrobial prophylaxis         Dosing of eculizumab (Soliris®) for refractory myasthenia gravis         1       Treatment Week 1 (Single Response)         ()       First Dose - eculizumab (SOLIRIS) infusion - Week 1       900 mg, intravenous, once, For 1 Doses Given as first dose for refractory myasthenia gravis on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis on Week 2         1       Treatment Week 2 (Single Response)         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2         900 mg, intravenous, once, For 1 Doses Given as second dose for refractory myasthenia gravis on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provider enrolled in the Soliris® REMS program? Has the patient been provider enrolled in the Soliris® REMS program? Has the patient been provider enrolled in the Soliris® REMS program? Has the patient been provider enrolled in the Soliris® REMS program? Has the patient been provider medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis		
Dosing of eculizumab (Soliris®) for refractory myasthenia gravis         Treatment Week 1 (Single Response)         () First Dose - eculizumab (SOLIRIS) infusion - Week 1         900 mg, intravenous, once, For 1 Doses         Given as first dose for refractory myasthenia gravis on Week 1         Are you an attending-level provider enrolled in the Soliris® REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         Indication: Refractory myasthenia gravis on Week 2         () Second Dose - eculizumab (SOLIRIS) infusion - Week 2         () Second Dose - eculizumab (SOLIRIS) infusion - Week 2         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         Has the patient been provider enrolled in the Soliris® REMS program?         Has the patient been provider enrolled in the Soliris® REMS program?         Has the patient been provider enrolled in the Soliris® REMS program?         Has the patient been provider enrolled in the Soliris® REMS program?         Has the patient been provider medication counseling and a wallet card in accordance with the REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?	outweigh the risk of meningococcal infection	ару
<ul> <li>() First Dose - eculizumab (SOLIRIS) infusion         - Week 1         <ul> <li>Week 1</li> <li>Week 1</li> <li>Week 1</li> <li>Are you an attending-level provider enrolled in the Soliris® REMS program?             <ul></ul></li></ul></li></ul>	] Dosing of eculizumab (Soliris®) for refractory my	rasthenia
<ul> <li>Week 1</li> <li>Given as first dose for refractory myasthenia gravis on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis</li> <li>Treatment Week 2 (Single Response)</li> <li>Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>Second Dose - eculizumab (SOLIRIS) enfusion - Week 2</li> <li>Second Dose - eculizumab (SOLIRIS) infusion - Week 2</li> <li>Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis</li> </ul>		
1       Treatment Week 2 (Single Response)         ()       Second Dose - eculizumab (SOLIRIS) infusion - Week 2       900 mg, intravenous, once, For 1 Doses         Given as second dose for refractory myasthenia gravis on Week 2       Are you an attending-level provider enrolled in the Soliris® REMS program?         Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?         Indication: Refractory myasthenia gravis		Given as first dose for refractory myasthenia gravis on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
infusion - Week 2Given as second dose for refractory myasthenia gravis on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis	[] Treatment Week 2 (Single Response)	· · · ·
	() Second Dose - eculizumab (SOLIRIS)	Given as second dose for refractory myasthenia gravis on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	[] Treatment Week 3	וויטויסמוטוו. וזפווסטטין ווואסטוופוווס פומיוט

[] Third Dose - eculizumab (SOLIRIS) infusion - Week 3	900 mg, intravenous, once, For 1 Doses Given as third dose for refractory myasthenia gravis on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS
	program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
[] Treatment Week 4	Indication: Refractory myasthenia gravis
[] Fourth Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses
infusion - Week 4	Given as fourth dose for refractory myasthenia gravis on Week 4 Are you an attending-level provider enrolled in the Soliris® REMS
	program? Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program? Indication: Refractory myasthenia gravis
[] Treatment Week 5 and thereafter	Indication. Refractory myasthema gravis
[] Fifth Dose - eculizumab (SOLIRIS) infusion	1,200 mg, intravenous, every 14 days
- Week 5 and thereafter	Given as fifth and subsequent dose for refractory myasthenia gravis on Week 5 and thereafter
	Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis
[] Antimicrobial Prophylaxis Against Meningococca	
Infection (Single Response)	<b>FOO ( ( ( ( ( ( ( ( ( (</b>
If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be add	ESS than two weeks after being vaccinated for meningococcal infection ministered in conjunction with vaccination.
() ciprofloxacin HCI (CIPRO) tablet	500 mg, oral, 2 times daily
	Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
() ciprofloxacin (CIPRO) IV	400 mg, intravenous, for 60 Minutes, 2 times daily
	For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
() penicillin v potassium (VEETID) tablet	500 mg, oral, 2 times daily
() pomonini i pomoonini (i <u></u> , <u>_</u> ) (abioi	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
<ul> <li>No vaccination has been given and risks of delay eculizumab therapy outweigh the risk of meningo</li> </ul>	coccal
infection (antimicrobial prophylaxis AND vaccinat	
against meningococcal infection REQUIRED per program and mandated through this order set)	REM3
<ul> <li>[] Dosing of eculizumab (Soliris®) for refractory my gravis</li> </ul>	yasthenia
[] Treatment Week 1 (Single Response)	
() First Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses
Ý - Week 1	Given as first dose for refractory myasthenia gravis on Week 1 Are you an attending-level provider enrolled in the Soliris® REMS
	program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program? Indication: Refractory myasthenia gravis
[] Treatment Week 2 (Single Response)	
() Second Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses
infusion - Week 2	Given as second dose for refractory myasthenia gravis on Week 2 Are you an attending-level provider enrolled in the Soliris® REMS
	program? Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	Indication: Refractory myasthenia gravis
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[] Third Dose - eculizumab (SOLIRIS) infusion	900 mg, intravenous, once, For 1 Doses
- Week 3	Given as third dose for refractory myasthenia gravis on Week 3 Are you an attending-level provider enrolled in the Soliris® REMS program?
	Has the patient been provided medication counseling and a wallet card in accordance with the REMS program?
	Indication: Refractory myasthenia gravis
[] Fourth Dose - eculizumab (SOLIRIS)	900 mg, intravenous, once, For 1 Doses
infusion - Week 4	Given as fourth dose for refractory myasthenia gravis on Week 4 Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
[] Treatment Week C and the reation	Indication: Refractory myasthenia gravis
[] Treatment Week 5 and thereafter	1 200 mg introvonous, over 14 dove
<ul> <li>[] Fifth Dose - eculizumab (SOLIRIS) infusion</li> <li>- Week 5 and thereafter</li> </ul>	1,200 mg, intravenous, every 14 days Given as fifth and subsequent dose for refractory myasthenia grave on Week 5 and thereafter
	Are you an attending-level provider enrolled in the Soliris® REMS program? Has the patient been provided medication counseling and a wallet
	card in accordance with the REMS program?
Antimicrobial Prophylaxis Against Meningococca	Indication: Refractory myasthenia gravis al
Infection (Single Response)	al _ESS than two weeks after being vaccinated for meningococcal infecti
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L	al LESS than two weeks after being vaccinated for meningococcal infecti ministered in conjunction with vaccination. 500 mg, oral, 2 times daily
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr	al _ESS than two weeks after being vaccinated for meningococcal infecti ministered in conjunction with vaccination.
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr	LESS than two weeks after being vaccinated for meningococcal infecti ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr () ciprofloxacin HCI (CIPRO) tablet	LESS than two weeks after being vaccinated for meningococcal infecti ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr () ciprofloxacin HCI (CIPRO) tablet	LESS than two weeks after being vaccinated for meningococcal infecti ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed pharmacists to oral ciprofloxacin per hospital policy.
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr () ciprofloxacin HCI (CIPRO) tablet	LESS than two weeks after being vaccinated for meningococcal infecti ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr () ciprofloxacin HCI (CIPRO) tablet () ciprofloxacin (CIPRO) IV	al LESS than two weeks after being vaccinated for meningococcal infecti ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed I pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order Reason for Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr () ciprofloxacin HCI (CIPRO) tablet	al LESS than two weeks after being vaccinated for meningococcal infect ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order Reason for Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr () ciprofloxacin HCI (CIPRO) tablet () ciprofloxacin (CIPRO) IV	al LESS than two weeks after being vaccinated for meningococcal infect ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order
Infection (Single Response) If eculizumab (Soliris) is scheduled to be given L please select antimicrobial prophylaxis to be adr () ciprofloxacin HCI (CIPRO) tablet () ciprofloxacin (CIPRO) IV	al LESS than two weeks after being vaccinated for meningococcal infecti ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order Reason for Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily
Infection (Single Response)         If eculizumab (Soliris) is scheduled to be given L         please select antimicrobial prophylaxis to be adr         () ciprofloxacin HCI (CIPRO) tablet         () ciprofloxacin (CIPRO) IV         () penicillin v potassium (VEETID) tablet	al LESS than two weeks after being vaccinated for meningococcal infect ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order
Infection (Single Response)         If eculizumab (Soliris) is scheduled to be given L         please select antimicrobial prophylaxis to be adr         ( ) ciprofloxacin HCI (CIPRO) tablet         ( ) ciprofloxacin (CIPRO) IV         ( ) penicillin v potassium (VEETID) tablet         ] Meningococcal infection vaccination	Al LESS than two weeks after being vaccinated for meningococcal infection ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed l pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
Infection (Single Response)         If eculizumab (Soliris) is scheduled to be given L         please select antimicrobial prophylaxis to be adr         () ciprofloxacin HCI (CIPRO) tablet         () ciprofloxacin (CIPRO) IV         () penicillin v potassium (VEETID) tablet         [] Meningococcal infection vaccination         [] meningococcal polysaccharide	Al LESS than two weeks after being vaccinated for meningococcal infection ministered in conjunction with vaccination. 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 400 mg, intravenous, for 60 Minutes, 2 times daily For eligible patients, this intravenous antimicrobial can be changed pharmacists to oral ciprofloxacin per hospital policy. Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 500 mg, oral, 2 times daily Type of Therapy: Medical Prophylaxis 0.5 mL, intramuscular, once, For 1 Doses