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)

( ) Paroxysmal nocturnal hemoglobinuria (Single Response)

( ) Has patient received vaccination against meningococcal infection? (Single Response)

( ) Yes, immunized more than two weeks prior to first dose of eculizumab (no additional antimicrobial prophylaxis required per REMS program)

[ ] Dosing of eculizumab (Soliris®) for paroxysmal nocturnal hemoglobinuria

[ ] Treatment Week 1 (Single Response)

( ) First Dose - eculizumab (SOLIRIS) infusion - Week 1	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 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 - Week 3	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

[ ] Treatment Week 5 and thereafter

[ ] Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter	900 mg, intravenous, every 14 days 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

( ) 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 paroxysmal nocturnal hemoglobinuria

[ ] Treatment Week 1 (Single Response)

( ) First Dose - eculizumab (SOLIRIS) infusion - Week 1	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 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 - Week 3	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

[ ] Treatment Week 5 and thereafter

[ ] Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter	900 mg, intravenous, every 14 days 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 Meningococcal Infection (Single Response)

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 HCl (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

( ) No vaccination has been given and risks of delaying eculizumab therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis AND vaccination against meningococcal infection REQUIRED per REMS program and mandated through this order set)

[ ] Dosing of eculizumab (Soliris®) for paroxysmal nocturnal hemoglobinuria

[ ] Treatment Week 1 (Single Response)

( ) First Dose - eculizumab (SOLIRIS) infusion - Week 1	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 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 - Week 3	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

[ ] Treatment Week 5 and thereafter

[ ] Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter	900 mg, intravenous, every 14 days 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 Meningococcal Infection (Single Response)

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 HCl (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

[ ] Meningococcal infection vaccination

[ ] meningococcal polysaccharide (MENACTRA) injection	0.5 mL, intramuscular, once, For 1 Doses Inject into deltoid muscle.
[ ] Meningococcal Group B vaccine (BEXSERO) 2-dose series	0.5 mL, intramuscular, once, For 1 Doses 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:

( ) Atypical hemolytic uremic syndrome

[ ] Has patient received vaccination against meningococcal infection? (Single Response)

( ) Yes, immunized more than two weeks prior to first dose of eculizumab (no additional antimicrobial prophylaxis required per REMS program)

[ ] Dosing of eculizumab (Soliris®) for atypical hemolytic uremic syndrome (aHUS)

[ ] Treatment Week 1 (Single Response)

( ) First Dose - eculizumab (SOLIRIS) infusion - Week 1	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 (Single Response)

( ) Second Dose - eculizumab (SOLIRIS) infusion - Week 2	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

[ ] Treatment Week 3

[ ] 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	
[ ] Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4	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 card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
[ ] Treatment Week 5 and thereafter	
[ ] Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter	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

( ) 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 atypical hemolytic uremic syndrome (aHUS)	
[ ] Treatment Week 1 - 900 mg (Single Response)	
( ) First Dose - eculizumab (SOLIRIS) infusion - Week 1	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) infusion - Week 2	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
[ ] Treatment Week 3 - 900 mg	
[ ] 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 - 900 mg	
[ ] Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4	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 card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome
[ ] Treatment Week 5 and thereafter - 1200 mg	

[ ] Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter	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

[ ] Antimicrobial Prophylaxis Against Meningococcal Infection (Single Response)

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 HCl (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

( ) No vaccination has been given and risks of delaying eculizumab therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis AND vaccination against meningococcal infection REQUIRED per REMS program and mandated through this order set)

[ ] Dosing of eculizumab (Soliris®) for atypical hemolytic uremic syndrome (aHUS)

[ ] Treatment Week 1 - 900 mg (Single Response)

( ) First Dose - eculizumab (SOLIRIS) infusion - Week 1	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) infusion - Week 2	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

[ ] Treatment Week 3 - 900 mg

[ ] 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 - 900 mg

[ ] Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4	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 card in accordance with the REMS program? Indication: Atypical hemolytic uremic syndrome

[ ] Treatment Week 5 and thereafter - 1200 mg

[ ] Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter	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

[ ] Antimicrobial Prophylaxis Against Meningococcal Infection (Single Response)

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 HCl (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

[ ] Meningococcal infection vaccination

[ ] meningococcal polysaccharide (MENACTRA) injection	0.5 mL, intramuscular, once, For 1 Doses Inject into deltoid muscle.
[ ] Meningococcal Group B vaccine (BEXSERO) 2-dose series	0.5 mL, intramuscular, once, For 1 Doses 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)

( ) Neuromyelitis optica spectrum disorder

[ ] Has patient received vaccination against meningococcal infection? (Single Response)

( ) Yes, immunized more than two weeks prior to first dose of eculizumab (no additional antimicrobial prophylaxis required per REMS program)

[ ] Dosing of eculizumab (Soliris®) for neuromyelitis optica 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

[ ] Treatment Week 2 (Single Response)

( ) Second Dose - eculizumab (SOLIRIS) infusion - Week 2	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 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 3

[ ] 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) 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 - Week 5 and thereafter	1,200 mg, intravenous, every 14 days 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 therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis

[ ] Dosing of eculizumab (Soliris®) for neuromyelitis optica 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

[ ] Treatment Week 2 (Single Response)

( ) Second Dose - eculizumab (SOLIRIS) infusion - Week 2	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 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 3

[ ] 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) 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 - Week 5 and thereafter	1,200 mg, intravenous, every 14 days 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

[ ] Antimicrobial Prophylaxis Against Meningococcal Infection (Single Response)

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 HCl (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

( ) No vaccination has been given and risks of delaying eculizumab therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis AND vaccination against meningococcal infection REQUIRED per REMS program and mandated through this order set)

[ ] Dosing of eculizumab (Soliris®) for neuromyelitis optica 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

[ ] Treatment Week 2 (Single Response)

( ) Second Dose - eculizumab (SOLIRIS) infusion - Week 2	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 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 3

[ ] 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) 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 - Week 5 and thereafter	1,200 mg, intravenous, every 14 days 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

[ ] Antimicrobial Prophylaxis Against Meningococcal Infection (Single Response)

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 HCl (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

[ ] Meningococcal infection vaccination

[ ] meningococcal polysaccharide (MENACTRA) injection	0.5 mL, intramuscular, once, For 1 Doses Inject into deltoid muscle.
[ ] Meningococcal Group B vaccine (BEXSERO) 2-dose series	0.5 mL, intramuscular, once, For 1 Doses 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:

( ) Refractory myasthenia gravis

[ ] Has patient received vaccination against meningococcal infection? (Single Response)

( ) Yes, immunized more than two weeks prior to first dose of eculizumab (no additional antimicrobial prophylaxis required per REMS program)

[ ] 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

[ ] 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

[ ] Treatment Week 3

[ ] 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? Indication: Refractory myasthenia gravis

[ ] Treatment Week 4

[ ] 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

[ ] Treatment Week 5 and thereafter

[ ] 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

[ ] 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

[ ] 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

[ ] Treatment Week 3

[ ] 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? Indication: Refractory myasthenia gravis

[ ] Treatment Week 4

[ ] 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

[ ] Treatment Week 5 and thereafter

[ ] 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

[ ] Antimicrobial Prophylaxis Against Meningococcal Infection (Single Response)

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 HCl (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

( ) No vaccination has been given and risks of delaying eculizumab therapy outweigh the risk of meningococcal infection (antimicrobial prophylaxis AND vaccination against meningococcal infection REQUIRED per REMS program and mandated through this order set)

[ ] 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

[ ] 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

[ ] Treatment Week 3

[ ] 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? Indication: Refractory myasthenia gravis

[ ] Treatment Week 4

[ ] 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

[ ] Treatment Week 5 and thereafter

[ ] 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

[ ] Antimicrobial Prophylaxis Against Meningococcal Infection (Single Response)

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 HCl (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

[ ] Meningococcal infection vaccination

[ ] meningococcal polysaccharide (MENACTRA) injection	0.5 mL, intramuscular, once, For 1 Doses Inject into deltoid muscle.
[ ] Meningococcal Group B vaccine (BEXSERO) 2-dose series	0.5 mL, intramuscular, once, For 1 Doses 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: