NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
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Soliris (Eculizumab) Order Form—J1300

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

*Required prior to treatment initiation: Patient must be immunized with meningococcal vaccines at least 2 weeks prior to administering the first dose of Soliris. If immediate treatment is necessary and patient cannot get vaccinated more than 2 weeks prior to treatment, must provide 2 weeks of antibacterial prophylaxis (penicillin or macrolide based).

Soliris dosing: IV: 900 mg weekly for 4 doses, followed by 1,200 mg every 2 weeks.

Check all that apply

Soliris 900 mg: ◯ Weekly x 4 doses

Soliris 1,200 mg: ◯ Every 2 weeks starting on week 5

Other Dose: ◯ Please specify: _____

Orders valid through: _____

Soliris administration: Dose is administered over 35 minutes in normal saline at a concentration of 5mg/ml. Patient will be monitored for 1 hour following completion of infusion.

Provider Name | Provider Signature

Date | Phone | Fax | Pager