

eculizumab (SOLIRIS) for Atypical Hemolytic Uremic Syndrome (aHUS) [3555]

Ordering restrictions for eculizumab (Soliris®):

1. Eculizumab (Soliris®) is restricted to attending-level physicians registered with the eculizumab (Soliris®) REMS Program
2. Patient must be registered with the manufacturer, Alexion Pharmaceuticals, Inc. to receive patient-specific doses for treatment
3. Indication must be FDA-approved (PNH or aHUS) or for transplant patients who meet criteria according to the solid organ transplant clinical practice guideline
4. Outpatient use when financial approval is obtained
5. Inpatient use for emergent care of newly diagnosed disease or continuation of maintenance therapy that is medically necessary

Medications

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 - 900 mg (Single Response)

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

900 mg, intravenous, once, For 1 Doses
Given as first dose for aHUS on Week 1
This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?

Treatment Week 2 - 900 mg (Single Response)

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

900 mg, intravenous, once, For 1 Doses
Given as second dose for aHUS on Week 2
This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?

Treatment Week 3 - 900 mg

Third Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 3

900 mg, intravenous, once, For 1 Doses
Given as third dose for aHUS on Week 3
This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?

Treatment Week 4 - 900 mg

Fourth Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 4

900 mg, intravenous, once, For 1 Doses
Given as fourth dose for aHUS on Week 4
This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?

Treatment Week 5 and thereafter - 1200 mg

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

1,200 mg, intravenous, every 14 days
Given as fifth or subsequent dose for aHUS on Week 5 and thereafter
This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?

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)

<input type="checkbox"/> First Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 1	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> Treatment Week 2 - 900 mg (Single Response)	
<input type="checkbox"/> Second Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 2	900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> Treatment Week 3 - 900 mg	
<input type="checkbox"/> Third Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 3	900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> Treatment Week 4 - 900 mg	
<input type="checkbox"/> Fourth Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 4	900 mg, intravenous, once, For 1 Doses Given as fourth dose for aHUS on Week 4 This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> Treatment Week 5 and thereafter - 1200 mg	
<input type="checkbox"/> Fifth Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 5 and thereafter	1,200 mg, intravenous, every 14 days Given as fifth or subsequent dose for aHUS on Week 5 and thereafter This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> 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.	
<input type="checkbox"/> ciprofloxacin HCl (CIPRO) tablet	500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> 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
<input type="checkbox"/> penicillin v potassium (VEETID) tablet	500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> 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)	
<input type="checkbox"/> Dosing of eculizumab (Soliris®) for atypical hemolytic uremic syndrome (aHUS)	
<input type="checkbox"/> Treatment Week 1 - 900 mg (Single Response)	
<input type="checkbox"/> First Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 1	900 mg, intravenous, once, For 1 Doses Given as first dose for aHUS on Week 1 This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> Treatment Week 2 - 900 mg (Single Response)	

<input type="checkbox"/> Second Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 2	900 mg, intravenous, once, For 1 Doses Given as second dose for aHUS on Week 2 This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> Treatment Week 3 - 900 mg	
<input type="checkbox"/> Third Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 3	900 mg, intravenous, once, For 1 Doses Given as third dose for aHUS on Week 3 This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> Treatment Week 4 - 900 mg	
<input type="checkbox"/> Fourth Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 4	900 mg, intravenous, once, For 1 Doses Given as fourth dose for aHUS on Week 4 This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> Treatment Week 5 and thereafter - 1200 mg	
<input type="checkbox"/> Fifth Dose - eculizumab (SOLIRIS) infusion (RESTRICTED) - Week 5 and thereafter	1,200 mg, intravenous, every 14 days Given as fifth or subsequent dose for aHUS on Week 5 and thereafter This medication is restricted to attending-level physicians enrolled in the Soliris® REMS program. Are you an attending-level provider enrolled in the Soliris® REMS program or ordering on behalf of one?
<input type="checkbox"/> 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.	
<input type="checkbox"/> ciprofloxacin HCl (CIPRO) tablet	500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> 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
<input type="checkbox"/> penicillin v potassium (VEETID) tablet	500 mg, oral, 2 times daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis
<input type="checkbox"/> Meningococcal infection vaccination	
<input type="checkbox"/> meningococcal polysaccharide (MENACTRA) injection	0.5 mL, intramuscular, once, For 1 Doses Inject into deltoid muscle.
<input type="checkbox"/> 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)