Location: _____

Links

RXCLIN 152 Pharmacy Consult to Complete Review and Dispensing of Eculizumab (Soliris®), eculizumab-aagh (Epysqli®), or ravulizumab-cwvz (Ultomiris®) (\\epic-nas.et0922.epichosted.com\static\OrderSets\RXCLIN 152 Pharmacy Consult to Complete Review and Dispensing of Eculizumab.docx)

Medications

Please select the appropriate indication:

- ○ **Paroxysmal nocturnal hemoglobinuria**
  - ○ **Has patient received vaccination against meningococcal infection?**
    - ○ **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**
          - ◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
            Question(s):
            Indication: Atypical hemolytic uremic syndrome
            Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
            This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
            Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
            Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
            REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
            This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
            Admin Instructions:
            Given as first dose for aHUS on Week 1
        - ☐ **Treatment Week 2**
          - ○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2 Route:** intravenous
            Frequency: once **Frequency Limit:** 1 Occurrences
            Question(s):
            Indication: Atypical hemolytic uremic syndrome
            Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
            This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
            Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
            Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
            REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
            This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
            Admin Instructions:
            Given as second dose for aHUS on Week 2
        - ☐ **Treatment Week 3**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter** **Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2 Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter** **Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**

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 Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
May cause QTc prolongation.Tablets may be crushed if needed to be administered via a feeding tube route.
Product Admin Instructions:
If administering with tube feeds, mix with water to avoid interaction with tube feed.

○ **ciprofloxacin (CIPRO) IV Dose:** 400 mg **Route:** intravenous **Frequency:** 2 times daily **Frequency Limit:** 14 Days **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
Product Admin Instructions:
May cause QTc prolongation.

○ **penicillin v potassium (VEETID) tablet Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Indication:

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**

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 Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
May cause QTc prolongation.Tablets may be crushed if needed to be administered via a feeding tube route.
Product Admin Instructions:
If administering with tube feeds, mix with water to avoid interaction with tube feed.

○ **ciprofloxacin (CIPRO) IV Dose:** 400 mg **Route:** intravenous **Frequency:** 2 times daily **Frequency Limit:** 14 Days **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
Product Admin Instructions:
May cause QTc prolongation.

○ **penicillin v potassium (VEETID) tablet Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Indication:

☑ **Meningococcal infection vaccination**

☑ **meningococcal a conjugate vaccine (MENVEO) IM vaccine Dose:** 0.5 mL **Route:** intramuscular **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Inject into deltoid muscle.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Meningococcal Group B vaccine (BEXSERO)** **Dose:** 0.5 mL **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication for Therapy:
Admin Instructions:
For IM administration only, preferably into upper deltoid region. Give as a 2-dose series for adolescents and young adults not at increased risk and as a 3-dose series for individuals at increased risk.
Product Admin Instructions:
Shake the syringe immediately before use to form a homogeneous suspension.

○ **Atypical hemolytic uremic syndrome**

☐ **Has patient received vaccination against meningococcal infection?**

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter** **Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2 Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter** **Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**

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 Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
May cause QTc prolongation.Tablets may be crushed if needed to be administered via a feeding tube route.
Product Admin Instructions:
If administering with tube feeds, mix with water to avoid interaction with tube feed.

○ **ciprofloxacin (CIPRO) IV Dose:** 400 mg **Route:** intravenous **Frequency:** 2 times daily **Frequency Limit:** 14 Days **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
Product Admin Instructions:
May cause QTc prolongation.

○ **penicillin v potassium (VEETID) tablet Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Indication:

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**

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 Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
May cause QTc prolongation.Tablets may be crushed if needed to be administered via a feeding tube route.
Product Admin Instructions:
If administering with tube feeds, mix with water to avoid interaction with tube feed.

○ **ciprofloxacin (CIPRO) IV Dose:** 400 mg **Route:** intravenous **Frequency:** 2 times daily **Frequency Limit:** 14 Days **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
Product Admin Instructions:
May cause QTc prolongation.

○ **penicillin v potassium (VEETID) tablet Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Indication:

☑ **Meningococcal infection vaccination**

☑ **meningococcal a conjugate vaccine (MENVEO) IM vaccine Dose:** 0.5 mL **Route:** intramuscular **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Inject into deltoid muscle.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Meningococcal Group B vaccine (BEXSERO)** **Dose:** 0.5 mL **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication for Therapy:
Admin Instructions:
For IM administration only, preferably into upper deltoid region. Give as a 2-dose series for adolescents and young adults not at increased risk and as a 3-dose series for individuals at increased risk.
Product Admin Instructions:
Shake the syringe immediately before use to form a homogeneous suspension.

○ **Neuromyelitis optica spectrum disorder**

☑ **Has patient received vaccination against meningococcal infection?**

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter** **Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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 (EPYSQLI)**

☐ **Treatment Week 1**

☐ **First Dose - eculizumab (EPYSQLI) infusion - Week 1 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Eculizumab-aagh (Epysqli®) is restricted to the following indications for emergent care of newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select indication.: ○ Atypical hemolytic uremic syndrome
Are you an attending-level, Epysqli REMS-certified provider or ordering on behalf of one?
This medication is restricted to outpatient only with prior financial approval. Do you attest that the patient is being treated in the outpatient space and has prior financial approval?
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials (Patient Guide and Patient Safety Card) in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

☐ **Second Dose - eculizumab (EPYSQLI) infusion - Week 2 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Eculizumab-aagh (Epysqli®) is restricted to the following indications for emergent care of newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select indication.: ○ Atypical hemolytic uremic syndrome
Are you an attending-level, Epysqli REMS-certified provider or ordering on behalf of one?
This medication is restricted to outpatient only with prior financial approval. Do you attest that the patient is being treated in the outpatient space and has prior financial approval?
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials (Patient Guide and Patient Safety Card) in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

☐ **Third Dose - eculizumab (EPYSQLI) infusion - Week 3 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Eculizumab-aagh (Epysqli®) is restricted to the following indications for emergent care of newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select indication.: ○ Atypical hemolytic uremic syndrome
Are you an attending-level, Epysqli REMS-certified provider or ordering on behalf of one?
This medication is restricted to outpatient only with prior financial approval. Do you attest that the patient is being treated in the outpatient space and has prior financial approval?
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials (Patient Guide and Patient Safety Card) in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Fourth Dose - eculizumab (EPYSQLI) infusion - Week 4** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Eculizumab-aagh (Epysqli®) is restricted to the following indications for emergent care of newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select indication.: ○ Atypical hemolytic uremic syndrome
Are you an attending-level, Epysqli REMS-certified provider or ordering on behalf of one?
This medication is restricted to outpatient only with prior financial approval. Do you attest that the patient is being treated in the outpatient space and has prior financial approval?
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials (Patient Guide and Patient Safety Card) in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
Admin Instructions:
Given as fourth dose for aHUS on Week 4

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (EPYSQLI) infusion - Week 5 and thereafter** **Dose:** 1200 mg
Route: intravenous **Frequency:** every 14 days
Question(s):
Eculizumab-aagh (Epysqli®) is restricted to the following indications for emergent care of newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select indication.: ○ Atypical hemolytic uremic syndrome
Are you an attending-level, Epysqli REMS-certified provider or ordering on behalf of one?
This medication is restricted to outpatient only with prior financial approval. Do you attest that the patient is being treated in the outpatient space and has prior financial approval?
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials (Patient Guide and Patient Safety Card) in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**
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** **Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily
Frequency Limit: 14 Days
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
May cause QTc prolongation.Tablets may be crushed if needed to be administered via a feeding tube route.
Product Admin Instructions:
If administering with tube feeds, mix with water to avoid interaction with tube feed.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **ciprofloxacin (CIPRO) IV** **Dose:** 400 mg **Route:** intravenous **Frequency:** 2 times daily **Frequency Limit:** 14 Days **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
Product Admin Instructions:
May cause QTc prolongation.

○ **penicillin v potassium (VEETID) tablet** **Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Indication:

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**

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 Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
May cause QTc prolongation.Tablets may be crushed if needed to be administered via a feeding tube route.
Product Admin Instructions:
If administering with tube feeds, mix with water to avoid interaction with tube feed.

○ **ciprofloxacin (CIPRO) IV Dose:** 400 mg **Route:** intravenous **Frequency:** 2 times daily **Frequency Limit:** 14 Days **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
Product Admin Instructions:
May cause QTc prolongation.

○ **penicillin v potassium (VEETID) tablet Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Indication:

☑ **Meningococcal infection vaccination**

☑ **meningococcal a conjugate vaccine (MENVEO) IM vaccine Dose:** 0.5 mL **Route:** intramuscular **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Inject into deltoid muscle.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Meningococcal Group B vaccine (BEXSERO)** **Dose:** 0.5 mL **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication for Therapy:
Admin Instructions:
For IM administration only, preferably into upper deltoid region. Give as a 2-dose series for adolescents and young adults not at increased risk and as a 3-dose series for individuals at increased risk.
Product Admin Instructions:
Shake the syringe immediately before use to form a homogeneous suspension.

○ **Refractory myasthenia gravis**

☑ **Has patient received vaccination against meningococcal infection?**

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter** **Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2 Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter** **Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**

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 Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
May cause QTc prolongation.Tablets may be crushed if needed to be administered via a feeding tube route.
Product Admin Instructions:
If administering with tube feeds, mix with water to avoid interaction with tube feed.

○ **ciprofloxacin (CIPRO) IV Dose:** 400 mg **Route:** intravenous **Frequency:** 2 times daily **Frequency Limit:** 14 Days **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
Product Admin Instructions:
May cause QTc prolongation.

○ **penicillin v potassium (VEETID) tablet Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Indication:

○ **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**

◉ **First Dose - eculizumab (SOLIRIS) infusion - Week 1 Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as first dose for aHUS on Week 1

☐ **Treatment Week 2**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Second Dose - eculizumab (SOLIRIS) infusion - Week 2** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as second dose for aHUS on Week 2

☐ **Treatment Week 3**

☐ **Third Dose - eculizumab (SOLIRIS) infusion - Week 3** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as third dose for aHUS on Week 3

☐ **Treatment Week 4**

☐ **Fourth Dose - eculizumab (SOLIRIS) infusion - Week 4** **Route:** intravenous
Frequency: once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fourth dose for aHUS on Week 4

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Treatment Week 5 and thereafter**

☐ **Fifth Dose - eculizumab (SOLIRIS) infusion - Week 5 and thereafter Dose:** 1200 mg **Route:** intravenous **Frequency:** every 14 days
Question(s):
Indication: Atypical hemolytic uremic syndrome
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
This medication is restricted to patients registered with the Ultomiris and Soliris REMS program. Do you attest that appropriate patient information has been communicated to the program? Refer to REMS program website or contact pharmacy for assistance.:
Will the patient be up to date with meningococcal vaccinations according to the current ACIP recommendations at least 2 weeks prior to the first dose?
Has the patient been provided medication counseling and educational materials in accordance with the REMS program?
REMS Dispensing Authorization (Entered by dispensing pharmacy, unique for each dispense):
This medication is restricted to outpatient use with financial approval or inpatient use for newly diagnosed disease or continuation of maintenance therapy that is medically necessary. Please select care setting for this order.:
Admin Instructions:
Given as fifth and subsequent dose for aHUS on Week 5 and thereafter

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**

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 Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
May cause QTc prolongation.Tablets may be crushed if needed to be administered via a feeding tube route.
Product Admin Instructions:
If administering with tube feeds, mix with water to avoid interaction with tube feed.

○ **ciprofloxacin (CIPRO) IV Dose:** 400 mg **Route:** intravenous **Frequency:** 2 times daily **Frequency Limit:** 14 Days **Priority:** STAT
Question(s):
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
Indication:
Admin Instructions:
For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
Product Admin Instructions:
May cause QTc prolongation.

○ **penicillin v potassium (VEETID) tablet Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 14 Days
Question(s):
Indication:

☑ **Meningococcal infection vaccination**

☑ **meningococcal a conjugate vaccine (MENVEO) IM vaccine Dose:** 0.5 mL **Route:** intramuscular **Frequency:** once **Frequency Limit:** 1 Occurrences
Admin Instructions:
Inject into deltoid muscle.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Meningococcal Group B vaccine (BEXSERO)** **Dose:** 0.5 mL **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication for Therapy:
Admin Instructions:
For IM administration only, preferably into upper deltoid region. Give as a 2-dose series for adolescents and young adults not at increased risk and as a 3-dose series for individuals at increased risk.
Product Admin Instructions:
Shake the syringe immediately before use to form a homogeneous suspension.

Consults

Pharmacy consult for eculizumab or biosimilars (EPYSQLI, SOLIRIS)

☑ **Pharmacy consult for eculizumab or biosimilars (EPYSQLI, SOLIRIS)** **Frequency:** Until discontinued **Priority:** Routine
Question(s):
Specify brand:

Pharmacy consult for ravulizumab (ULTOMIRIS)

☑ **Pharmacy consult to complete review and dispensing of ravulizumab (ULTOMIRIS)** **Frequency:** Until discontinued **Priority:** Routine

Sign:_____ **Printed Name:**_____ **Date/Time:**_____