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

Refer to Transplant Center Clinical Practice Guidelines for Information on Indications & Dosing

Transplant Center Clinical Practice Guidelines on the HUB (https://thehub.houstonmethodist.org/page/2623)

○ **Induction at the time of transplant/Highly Sensitized Patient**

☑ **eculizumab (SOLIRIS) infusion (RESTRICTED)**

○ **POD 0: eculizumab (SOLIRIS) infusion (RESTRICTED)** **Route:** intravenous **Frequency:** on call to O.R. **Phase of Care:** Pre-op
Question(s):
Indication: Solid Organ Transplant
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:
POD 0: This medication is to be administered by Anesthesia. Administered in operating room / preop area and NOT the ICU. To be given UPON visualization for donor.

○ **POD 1: eculizumab (SOLIRIS) infusion (RESTRICTED)** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Solid Organ Transplant
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:
POD 1

○ **Weekly Dose: eculizumab (SOLIRIS) infusion (RESTRICTED)** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Solid Organ Transplant
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?
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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:
Weekly Dose

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

○ **Supplemental Post-Plasmapheresis Dose: eculizumab (SOLIRIS) infusion (RESTRICTED)** **Dose:** 600 mg **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Solid Organ Transplant
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
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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:
Supplemental Post-Plasmapheresis Dose: administer AFTER plasmapheresis.

☑ **Antimicrobial Prophylaxis Against Meningococcal Infection**

If eculizumab 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. Penicillin is preferred.

○ **ciprofloxacin HCl (CIPRO) tablet** **Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 90 Days
Question(s):
Indication: ○ Medical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
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:** 90 Days **Priority:** STAT
Question(s):
Indication: ○ Medical Prophylaxis
Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:
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:** 90 Days
Question(s):
Indication: ○ Medical Prophylaxis

☑ **Meningococcal infection vaccination**

☐ **meningococcal ACWY conjugate vaccine (Menveo) IM injection** **Dose:** 0.5 mL **Route:** intramuscular **Frequency:** once **Frequency Limit:** 1 Occurrences **PRN Reasons:** immunization

☐ **Meningococcal Group B vaccine (BEXSERO)** **Dose:** 0.5 mL **Route:** intramuscular **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.

○ **Suspicion of Hyperacute Rejection/Antibody Mediated Rejection Treatment**

☑ **eculizumab (SOLIRIS) infusion (RESTRICTED)**

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

○ **Weekly Dose: eculizumab (SOLIRIS) infusion (RESTRICTED)** **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences
Question(s):
Indication: Solid Organ Transplant
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
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Admin Instructions:
Weekly Dose

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Question(s):
Indication: Solid Organ Transplant
Are you a certified Ultomiris and Soliris REMS provider or ordering on behalf of one?
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Admin Instructions:
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For eligible patients, this intravenous antimicrobial can be changed by pharmacists to oral ciprofloxacin per hospital policy.
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○ **penicillin v potassium (VEETID) tablet** **Dose:** 500 mg **Route:** oral **Frequency:** 2 times daily **Frequency Limit:** 90 Days
Question(s):
Indication: ○ Medical Prophylaxis

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

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Admin Instructions:
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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:**_____