LEGACY HEALTH	**Legacy Day Treatment Unit Provider's Orders** Adult Ambulatory Infusion Order Eculizumab (Soliris) Eculizumab-aagh (Epysqli)	**Patient Name:** **Date of Birth:** **Med. Rec. No** (TVC MRN Only):
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

Anticipated Start Date: _____ **Patient to follow up with provider on date:** _____
*****This plan will expire after 365 days, unless otherwise specified below*****

Weight: _____kg **Height:** _____cm

Allergies: _____

Diagnosis: _____ **Diagnosis Code:** _____

GUIDELINES FOR PRESCRIBING:

1. Send **FACE SHEET, INSURANCE CARD and most recent provider chart or progress note**
2. Eculizumab (Soliris) and eculizumab-aagh (Epysqli) are part of FDA REMS Program.
   a. Providers MUST be enrolled in the individual REMS program. **Please confirm provider enrollment status in <u>one or both</u> of the associated REMS programs*:**

      - ❑ **Provider IS ENROLLED in the ULTOMIRIS and SOLIRIS REMS**
      - ❑ **Provider IS ENROLLED in the EPYSQLI REMS**

      **This section must be completed to proceed*

   b. Provide patient with both the Patient Safety Brochure and Patient Safety Card. Patient should carry the card with them at all times.
   c. Please see reference links below for Prescriber Enrollment Form, Healthcare Provider Safety Brochure, Patient Safety Card and additional resources:
      i. Eculizumab (Soliris): https://www.ultsolrems.com/
      ii. Eculizumab-aagh (Epysqli): https://www.epysqlirems.com/

3. Patients must receive the following meningococcal vaccine at least 2 weeks prior to treatment initiation
   a. Meningococcal infection serogroups A, C, W, Y (MENACWY) - Menveo, Menactra, or MenQuadfi. These require a 2 dose primary series, followed by booster shots every 5 years.
   b. Meningococcal serogroup B vaccine – Bexsero or Trumenba. These require a 2-3 dose primary series (brand dependent) and a booster shot 1 year after primary series, followed by booster shots every 2 to 3 years.
   c. Note meningococcal pentavalent vaccines (MENACBWY) – Penmenvy or Penbraya; may be used when both MenACWY and MenB are indicated at the same visit.
   d. Patients not vaccinated should be on prophylaxis antibiotics until vaccines are up to date. Patients who have been vaccinated less than 2 weeks prior to start of infusion should be on 2 weeks of antibacterial prophylaxis.
   e. Consider penicillin prophylaxis for the duration of eculizumab therapy to potentially reduce the risk of meningococcal disease.
   f. **Prescriber must update the status of the patient's meningococcal vaccination, indication, antibacterial drug prophylaxis into the associated REMS online portal.**
4. Treatment should be administered at the recommended time interval although administration may vary by ±2 days.

LEGACY HEALTH	**Legacy Day Treatment Unit Provider's Orders** Adult Ambulatory Infusion Order Eculizumab (Soliris) Eculizumab-aagh (Epysqli)	**Patient Name:** **Date of Birth:** **Med. Rec. No** (TVC MRN Only):
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

5. Monitoring during therapy: monitor platelet count, serum LDH levels, and serum creatinine level during therapy. Monitor for signs and symptoms of infection, in particular meningococcal infections.
6. Monitoring after discontinuation:
   a. Atypical hemolytic uremic syndrome (aHUS) patients who discontinue treatment should be monitored closely for at least 12 weeks for signs and symptoms of thrombotic microangiopathy (TMA) complications.
   b. Paroxysmal nocturnal hemoglobinuria (PNH) patients who discontinue treatment should be monitored for at least 8 weeks for signs and symptoms of hemolysis.

PRE-SCREENING:

- Meningococcal serogroups A, C, W, Y vaccine (MENACWY) – Menquadfi, Menactra, or Menveo.

  Vaccine Type: Menquadfi / Menactra / Menveo - Circle one

  Date of last vaccination: _____

- Meningococcal serogroup B vaccines – Bexsero or Trumenba. These require booster shots 1 year after primary series and every 2 to 3 years thereafter.

  Vaccine Type: Bexsero / Trumenba - **Circle one**

  Date of last vaccination: _____

- Meningococcal serogroups A, B, C, W, Y vaccine (MENABCWY) – Penmenvy or Penbraya.

  Vaccine Type: Penmenvy / Penbraya - Circle one

  Date of last vaccination: _____

NURSING ORDERS (TREATMENT PARAMETERS)

1. Vital signs at baseline, post-infusion and prior to discharge
2. Monitor the patient for at least one hour following completion of the infusion for signs or symptoms of an infusion-related reaction.
3. If an adverse reaction occurs during administration, the infusion may be slowed or stopped at the discretion of the physician. If the infusion is slowed, the total infusion time should not exceed two hours in adults.

LABS:

- ❑ CBC with differential, Routine, ONCE, every _____ (visit)(days)(weeks)(months) - **Circle one**
- ❑ Complete Metabolic Panel, Routine, ONCE, every _____(visit)(days)(weeks)(months) - **Circle one**
- ❑ LDH TOTAL, Routine, ONCE, every_____(visit)(days)(weeks)(months) - **Circle one**
- ❑ Other: _____

LEGACY HEALTH	**Legacy Day Treatment Unit Provider's Orders** Adult Ambulatory Infusion Order Eculizumab (Soliris) Eculizumab-aagh (Epysqli)	**Patient Name:** **Date of Birth:** **Med. Rec. No** (TVC MRN Only):
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

INFUSION MEDICATIONS (must check one):

Biosimilar selection (must check one) – applies to all orders below

- ❑ EPYSQLI (eculizumab-aagh) ****formulary agent****
- ❑ SOLIRIS (eculizumab)

For all doses and indications, infuse medication over 35 minutes. Infusion may be slowed or stopped due to adverse reactions but should be finished within 2 hours. Provide patient with REMS Patient Safety Card to keep at all time.

DOSE: Please select dose based on appropriate indication, see following page for additional indications.

Indication: Atypical hemolytic uremic syndrome (aHUS), generalized myasthenia gravis, refractory, or neuromyelitis optica spectrum disorder.

Initial Dose:

- ❑ 900 mg in NaCl 0.9% IV, ONCE, every week **x 4 doses**

Maintenance Dose:

- ❑ 1200 mg in NaCl 0.9% IV, ONCE, every 2 weeks**,** begin on week 5/following induction.

Indication: Paroxysmal nocturnal hemoglobinuria (PNH)

Initial Dose:

- ❑ 600 mg in NaCl 0.9% IV, ONCE Every week **x 4 doses**

Maintenance Dose:

- ❑ 900 mg in NaCl 0.9% IV, ONCE, every 2 weeks, begin on week 5/following induction.

AS NEEDED MEDICATIONS:

- ❑ acetaminophen 650 mg oral, EVERY 4 HOURS AS NEEDED for hypersensitivity or infusion reaction, chills, or malaise
- ❑ diphenhydrAMINE 25 mg oral, may repeat x 1 EVERY 4 HOURS AS NEEDED for itching
- ❑ NaCl 0.9% 500 mL IV, AS NEEDED, ONCE, infusion tolerability. Give concurrently with eculizumab/eculizumab biosimilars

HYPERSENSITIVITY MEDICATIONS: Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients

1. diphenhydrAMINE 25-50 mg IV, EVERY 2 HOURS AS NEEDED for hypersensitivity reaction (Max dose: 50 mg)
2. famotidine 20 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
3. hydrocortisone 100 mg IV, AS NEEDED x1 dose for hypersensitivity reaction
4. EPINEPHrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
5. NaCl 0.9% 250 mL IV, AS NEEDED, ONCE, for hypersensitivity reaction
6. Nursing communication order, every visit: Please follow treatment algorithm for acute infusion reaction

LEGACY HEALTH	**Legacy Day Treatment Unit Provider's Orders** Adult Ambulatory Infusion Order Eculizumab (Soliris) Eculizumab-aagh (Epysqli)	**Patient Name:** **Date of Birth:** **Med. Rec. No** (TVC MRN Only):
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE		

LINE CARE ORDERS:

1. Nursing communication order, every visit: Manage line per LH policy 904.4007 IV Catheter Insertion (Peripheral) and LH 904.4004 IV Access: Central Catheters.

Please check the appropriate box for the patient's preferred clinic location:

☐ **Legacy Day Treatment Unit – The Vancouver Clinic Building**
A department of Salmon Creek Medical Center
700 NE 87th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773

☐ **Legacy Salmon Creek Day Treatment Unit**
Legacy Salmon Creek Medical Center
2121 NE 139th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773

☐ **Legacy Emanuel Day Treatment Unit**
A department of Emanuel Medical Center
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887

☐ **Legacy STEPS Clinic**
A department of Silverton Medical Center
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Organization/Department: _____