



Houssam Al Kharrat
Gastroenterology

5115 80th Street
Lubbock, TX 79424

Phone: (806) 788-4368
Fax: (806) 513-2863



SOLIRIS (eculizumab)

Name: _____ DOB: _____ M F PATIENT WEIGHT

Phone #1 : _____ (H/W/C) Phone #2: _____ (H/W/C) _____ lbs
_____ kg

Allergies: _____

DIAGNOSIS:

- Myasthenia Gravis (gMG) w/out acute exacerbation (ICD-10 Code: G70.00)
gMG Classification: II III IV
- Neuromyelitis Optica Spectrum disorders (NMOSD) (ICD-10 Code: G36.0)
- Other: _____ (ICD-10 Code: _____)

SOLIRIS ORDER:

PNH Diagnosis

- Initial Start: 600mg IV weekly for the first 4 weeks, followed by 900mg IV for the fifth dose 1 week later, then 900mg IV every 2 weeks thereafter x 1 year
- Maintenance Dose: 900mg IV every 2 weeks x 1 year

aHUS, gMG, and NMOSD Diagnosis

- Initial Start: 900mg IV weekly for the first 4 weeks, followed by 1200mg IV for the fifth dose 1 week later, then 1200mg IV every 2 weeks thereafter x 1 year
- Maintenance Dose: 1200mg IV every 2 weeks x 1 year

Other Orders: _____

NOTES

ORDERING PROVIDER

Signature X _____ Date _____

Provider _____ Phone _____ Fax _____

Please FAX: Medication Order Demographics Clinicals Labs X-Rays
to 1-806-302-1241 (must dial "1")