Ravulizumab-cwvz (Ultomiris)

INFUSE Rx

PATIENT INFORMATION

Referral Status: □ New Referral □ Updated Order □ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

□ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: □ New to Therapy □ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

- □ Provide nursing care per Infuse Rx Nursing Procedures, including reaction management and post-procedure observation
- □ Meningococcal vaccination (both conjugate and serogroup B) are required prior to initiating Ultomiris infusions.
- □ Check here if patient has already received vaccines. Fax or attach documentation of administered vaccines.
- □ Check here if patient has not yet received vaccines but is scheduled to do so. Date vaccines will be administered: _____

MENINGITIS VACCINE - PATIENTS ARE REQUIRED TO RECEIVE FIRST DOSE OF BOTH THE CONJUGATE AND SEROGROUP B VACCINES PRIOR TO INITIATING ULTOMIRIS INFUSIONS.

Unless noted, vaccines will be given 2 weeks prior to starting Ultomiris. If urgent Ultomiris is indicated in an unvaccinated patient, patients must receive meningococcal vaccine(s) as soon as possible including same day as Ultomiris. Additionally, provider must prescribe patients with 2 weeks of antibacterial drug prophylaxis.

- □ Check here if this is an urgent start.

PRE-MEDICATION ORDERS

- □ acetaminophen (Tylenol) □ 500mg / □ 650mg / □ 1000mg PO
- □ cetirizine (Zyrtec) 10mg PO
- □ loratadine (Claritin) 10mg PO
- □ diphenhydramine (Benadryl) □ 25mg / □ 50mg □ PO / □ IV
- □ methylprednisolone (Solu-Medrol) □ 40mg / □ 125mg IV
- □ hydrocortisone (Solu-Cortef) □ 100mg IV
- □ Other: _____
  Dose: _____ Route: _____ Frequency: _____

LABORATORY ORDERS

- □ CBC □ at each dose □ every _____
- □ CMP □ at each dose □ every _____
- □ Other: _____

THERAPY ADMINISTRATION

- □ Ravulizumab-cwvz (Ultomiris) in 0.9% sodium chloride, intravenous infusion

Indication (Choose one) □ PNH □ aHUS □ gMG

- □ ***Dose: Induction*** (*Choose one*) If patient has already completed induction dose, proceed to maintenance dose.
  - □ 2,400mg (40kg-less than 60kg)
  - □ 2,700mg (60kg-less than 100kg)
  - □ 3,000mg (100kg or greater)
- □ ***Dose: Maintenance:*** (*Choose one*) Starting 2 weeks after the loading dose and every 8 weeks thereafter.
  - □ 3,000mg (40kg-less than 60kg)
  - □ 3,300mg (60kg-less than 100kg)
  - □ 3,600mg (100kg or greater)
- □ ***Infuse over at least 30 minutes***
  - □ For all doses, dilute to a final concentration of 50mg/ml in an infusion bag using 0.9% sodium chloride
  - □ Infuse through 0.2 or 0.22 micron filter
- □ Nurse is required to observe patient for 60 minutes post infusion
- □ Refills: □ Zero / □ for 12 months / □ _____
  (if not indicated order will expire one year from date signed)

Provider Name (Print) Provider Signature Date

Special Instructions