

# Ultomiris (Ravulizumab-cwvz)

Provider Order Form rev. 4/10/2022

## PATIENT INFORMATION

Referral Status (check one):  New Referral  Updated Order  Order Renewal

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NKDA  Allergies: \_\_\_\_\_ Weight \_\_\_\_\_ Please specify:  lbs  kg Height: \_\_\_\_\_

Patient Status (check one):  New to Therapy  Continuing Therapy | Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

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

**REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.**

## PRESCRIPTION

- Provide nursing care per AdaptIV Infusion 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 this is an **urgent** start.

### PRE-MEDICATION ORDERS

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

### 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 35 min. in adults & 1-4 hours in pediatric patients
- 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
- Patient is required to stay for 60 min. observation
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date