

Ravulizumab-cwvz (Ultomiris) p1

Provider Order Form rev. 3/1/2023



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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 360 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 for 360 to administer vaccines as outlined below.

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. 360 will schedule the patient for vaccine visit followed by Ultomiris two weeks later. If **urgent** Ultomiris is indicated in an unvaccinated patient, 360 will administer 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.

360 WILL ADMINISTER BOTH VACCINES AS OUTLINED BELOW.

Meningococcal conjugate (MenACWY) vaccine

(Patient will be given either Menactra or Menveo vaccine based on availability and will receive **two doses separate by at least eight weeks**. Menactra and Menveo are not interchangeable and patient will receive same product for all doses in a series.)

Serogroup B Meningococcal (MenB) vaccine

(Patient will be given Bexsero or Trumenba vaccine based on availability and will receive either the two-dose series Bexsero at least one month apart or three-dose series Trumenba at 0, 1-2, and 6 months. Bexsero and Trumenba are not interchangeable and patient will receive same product for all doses in a series.)

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)** intravenous infusion in 0.9% sodium chloride,

Indication (Choose one)

- Dose: Induction** (Choose one) PNH aHUS gMG
induction dose, proceed to maintenance dose.
 - 2,400mg (40kg-less than 60kg)
 - 2,700mg (60kg-less than 60kg)
 - 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 60kg)
 - 3,600mg (100kg or greater)

- Infuse over 35 min.
 - For all doses, dilute in adults & 1-4 hours in pediatric patients an infusion bag to a final concentration of 5mg/ml in 0.2 or 0.22 micron filter
 - Infuse through using 0.9% sodium chloride
- Patient is required to stay for observation
- Refills: Zero / For 1 year
(if not indicated order will expire one year from date sign)

Please continue to next page.

Ravulizumab-cwvz (Ultomiris) p2

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Date: Patient Name: DOB:

SPECIAL INSTRUCTIONS

Provider Name (Print) Provider Signature Date