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\_\_\_\_\_ ok the switch to biosimilar if insurance formulary prefers

# Ravulizumab-cwvz (Ultomiris)

## Provider Order Form

Date: \_\_\_\_\_

### PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

### REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

### PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

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

Unless otherwise noted, vaccines will be given 2 weeks prior to starting Ultomiris. IVX will schedule the patient for vaccine visit followed by Ultomiris two weeks later. If urgent Ultomiris is indicated in an unvaccinated patient, IVX 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.

#### IVX 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 IV
  - cetirizine (Zyrtec) 10mg IV
  - loratadine (Claritin) 10mg IV
  - 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 PNH**
  - **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 20kg)
    - 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)
- Indication aHUS**
  - **Dose: Induction (Choose one)** If patient has already completed induction dose, proceed to maintenance dose.
    - 600mg (5-less than 10kg)  600mg (10-less than 20kg)
    - 900mg (20-less than 30kg)  1,200mg (30-less than 40kg)
    - 2,400mg (40-less than 60kg)  2,700mg (60-less than 100kg)
    - 3,000mg (100kg or greater)
  - **Dose: Maintenance (Choose one)** Starting 2 weeks after loading dose and every 8 or 4 weeks based on body weight
    - 300mg (5-less than 10kg)  600mg (10-less than 20kg) \*4 weeks
    - 2,100mg (20-less than 30kg)  2,700mg (30-less than 40kg) \*8 weeks
    - 3,000mg (40-less than 60kg)  3,300mg (60-less than 100kg) \*8weeks
    - 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 5mg/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 30 min. observation post infusion
- Patient is NOT required to stay for observation time
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)