

Ravulizumab-cwvz (Ultomiris)



Provider Order Form

PATIENT INFORMATION

Date: _____ Patient Name: _____ DOB: _____

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

NKDA Allergies: _____ Weight lbs/kg: _____

Patient Status: New to Therapy Continuing Therapy Next Due Date (if applicable): _____

PROVIDER INFORMATION

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- Provide nursing care per IVX Standard Nursing Procedures, including reaction management and post-procedure observation
- Meningococcal vaccination status and date (Please provide date given/results) _____

MENINGITIS VACCINE

- 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.)

Choose one of the following to indicate dosing schedule.

- Vaccines may be given same day as starting Ultomiris infusion
- Vaccines must be given 2 weeks prior to starting Ultomiris infusion
(Immunize patients without a history of meningococcal vaccination at least 2 weeks prior to receiving the first dose of Ultomiris. If urgent Ultomiris therapy is indicated in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide patients with 2 weeks of antibacterial drug prophylaxis.)

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
- Other: _____
Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

Immunize patients without a history of meningococcal vaccination at least 2 weeks prior to receiving the first dose of Ultomiris. If urgent Ultomiris therapy is indicated in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide patients with 2 weeks of antibacterial drug prophylaxis. Monitor the patient for at least one hour following completion of the infusion for signs or symptoms of an infusion reaction.

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) *8 weeks
 - 3,600mg (100kg or greater)
 - Infuse over 35 min. in adults and 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-minute 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)

ADULT REACTION MANAGEMENT PROTOCOL

- Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting
- If reaction occurs:
- Stop infusion.
 - Maintain/establish vascular access.
 - Notify referring provider as clinically appropriate and follow clinical escalation protocol.
 - IVX Health clinicians have the following PRN medications available for the following reactions.
 - Headache, pain, fever > 100.4F, chills or rigors- Acetaminophen 650mg PO or Ibuprofen 400mg PO.
 - Mild Hives, itching, redness, or rash- Loratadine 10mg PO or Diphenhydramine 50mg PO.
 - Severe hives, itching, redness, or rash- Diphenhydramine 25-50mg SIVP.
 - Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg ODT (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg PO.
 - Severe Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg SIVP (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg SIVP.
 - Hypotension (90/60), vasovagal response- Place patient in reclined position, administer 0.9% Sodium Chloride IV 250ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
 - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep Spo2 >92%.
 - Solumedrol 125mg IV- Refractory to other treatments given.
 - Other _____
 - When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines.
- Severe allergic/anaphylactic reaction:**
- If symptoms are rapidly progressing or continuing after administration of PRN medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension.)
 - Call 911.
 - Initiate basic life support as needed.
 - Bring the **AED** to the patient (Attach pads if indicated).
 - **Epinephrine**- administer 0.3mg of a 1:1,000 (1mg/ml) concentration intramuscularly (preferably outer thigh), may be repeated every 5-15 minutes as needed to a maximum of 3 doses.
 - Place patient in recumbent position, elevate lower extremities.
 - **Oxygen**- administer 2-15 liters/minute or 100 percent oxygen as needed maintain SpO2 >92 percent.
 - **IV Fluids**- Treat hypotension with normal saline bolus of 500ml, repeat as needed to maintain systolic BP >90.
 - Administer **diphenhydramine** 50mg IV or Famotidine 20mg IVP, if not previously given.
 - Administer **methylprednisolone** 125mg IVP, if not previously given.
 - Continuous monitoring of blood pressure, pulse oximetry, and heart rate.
 - Notify clinical executive, DON or CMO, when appropriate. Must be done same day. Do not delay treatment.

Patient Name

Patient Date of Birth

Provider Name (Print)

Provider Signature

Date

Email ivxintake@ivxhealth.com or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

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