

Ravulizumab-cwvz (Ultomiris)

Provider Order Form

PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
Patient Status: <input type="checkbox"/> New to Therapy <input type="checkbox"/> 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 (both conjugate and serogroup B) are required prior to initiating Soliris infusions.
- Check here if patient has already received vaccines. Fax or attach documentation of administered vaccines.
- Check here for IVX 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 SOLIRIS INFUSIONS.

Unless otherwise noted, vaccines will be given 2 weeks prior to starting Soliris infusion. IVX will schedule the patient for vaccine visit followed by Soliris two weeks later. If **urgent** Soliris therapy is indicated in an unvaccinated patient, IVX will administer meningococcal vaccine(s) as soon as possible including same day as Soliris infusion. 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 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: _____

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)

Ordering Provider: Initial here _____ and proceed to the next page.

ADULT REACTION MANAGEMENT PROTOCOL

- Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.
- If reaction occurs:
 - If indicated, stop infusion.
 - Maintain/establish vascular access.
 - 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.
 - Rhinitis, allergies, hives, pruritis and other nonspecific symptoms of allergic reaction - Loratadine 10mg PO or Diphenhydramine 25-50mg PO or IV
 - 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 500ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
 - Hypertension (>30 mmHg increase from baseline or >180 mmHg SBP): Clonidine 0.1mg and wait 45 minutes, may administer Amlodipine 5mg if hypertension persists
 - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep Spo2 >92%.
 - Famotidine 20mg IV- Refractory to other treatments given
 - Solumedrol 125mg IV- Refractory to other treatments given.
 - When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines.
 - Notify referring provider as clinically appropriate and follow clinical escalation protocol.
- 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:

TAMPA: 844-946-0849 ___ Brandon ___ Carrollwood ___ Wesley Chapel ___ St. Pete's	ORLANDO: 844-946-0867 ___ Altamonte Springs ___ Waterford Lakes ___ Ocoee
PHILADELPHIA: 844-820-9641 ___ Malvern ___ Bensalem ___ Montgomeryville	HARRISBURG: 844-859-4235 ___ East Shore ___ West Shore
BAY AREA: 844-889-0275 ___ San Mateo ___ Fremont ___ San Ramon ___ Sunnyvale	COLUMBUS: 844-627-2675 ___ Dublin ___ Pickerington ___ Grove City
CHICAGO: 312-253-7244 ___ Glenview ___ Schaumburg ___ Lombard ___ Naperville	CINCINNATI: 844-946-0868 ___ Colerain ___ Hyde Park ___ Union Centre
KANSAS CITY: 844-900-1292 ___ Overland Park ___ Lee's Summit ___ Briarcliff	NASHVILLE: 844-627-2518 ___ Brentwood ___ Hendersonville
INDIANAPOLIS: 844-983-2028 ___ Emerson Pointe ___ Fishers Corner ___ Park Meridian	



Precision is now a part of IVX Health. To refer to a Precision center, fax to 888-615-1445: ___ Donelson ___ Cool Springs
___ Clarksville ___ Murfreesboro ___ Knoxville ___ Chattanooga ___ Morristown ___ Collierville ___ Jackson ___ Memphis ___ Lowell, AR