Oregon Health & Science University
Hospital and Clinics Provider's Orders

ADULT AMBULATORY INFUSION ORDER
Ravulizumab-cwvz (ULTOMIRIS)
Infusion

Page 1 of 3

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

Weight: ___________ kg  Height: ___________ cm

Allergies: _________________________________________________________

Diagnosis Code: __________________________________________________

Treatment Start Date: ___________  Patient to follow up with provider on date: ___________

**This plan will expire after 365 days at which time a new order will need to be placed**

GUIDELINES FOR ORDERING
1. Send FACE SHEET and H&P or most recent chart note.
2. Ravulizumab-cwvz is part of FDA REMS Program
   a. Providers MUST be enrolled in the Ultomiris REMS program.
   b. Counsel patients using the Ultomiris patient safety card and patient safety brochure. Patients should carry the Ultomiris patient safety card at all times.
   c. Please see reference links below for enrollment forms and additional help
      i. https://ultomirisrems.com/
3. Patients must receive the following meningococcal vaccine at least 2 weeks prior to treatment initiation:
   a. Meningococcal serogroups A, C, W, Y vaccine (MenACWY) –Menactra or Menevo. These require booster shots every 5 years.
      Date of last vaccination: ___________
   b. Meningococcal serogroup B vaccine –Bexsero or Trumenba. No booster vaccination is required after series is completed once in a lifetime.
      Date of last vaccination: ___________

   Documentation for vaccine must be sent with the order. Patients not vaccinated should be on prophylaxis antibiotics until vaccines are up to date. Patients who have been vaccinated less than 2 weeks prior to start of infusion should be on 2 weeks of antibacterial prophylaxis.
4. For patients switching from eculizumab to ravulizumab-cwvz, administer ravulizumab-cwvz loading dose 2 weeks after the last eculizumab infusion, and then administer maintenance doses once every 8 weeks, starting 2 weeks after loading dose administration.
5. Closely monitor patients for early signs and symptoms of meningococcal infections and evaluate immediately if infection is suspected. If ravulizumab-cwvz is administered to patients with active systemic infections, monitor for signs and symptoms of worsening infection.
6. Monitor patient after discontinuation for at least 16 weeks for signs and symptoms of hemolysis.
7. Consider penicillin prophylaxis for the duration of ravulizumab-cwvz therapy to potentially reduce the risk of meningococcal disease.
PRE-SCREENING: (Results must be available prior to initiation of therapy):

☐ Meningococcal polysaccharide vaccines given on (dates) __________________

LABS:

☐ CBC with differential, Routine, ONCE, every visit
☐ LDH Total, routine, ONCE, every visit
☐ Labs already drawn. Date: __________

MEDICATION: Dose is based on weight at time of treatment (must check one)

Loading Dose:

ravulizumab-cxvz (ULTOMIRIS) in sodium chloride 0.9%, intravenous, ONCE

Patient weight 40-59.9 kg  ☐ 2400 mg over 2 hours
Patient weight 60-99.9 kg  ☐ 2700 mg over 2 hours
Patient weight 100 kg or greater  ☐ 3000 mg over 2 hours

Maintenance Doses:

ravulizumab-cxvz (ULTOMIRIS) in sodium chloride 0.9%, intravenous, ONCE, every visit

Patient weight 40-59.9 kg  ☐ 3000 mg over 2.5 hours
Patient weight 60-99.9 kg  ☐ 3300 mg over 2 hours
Patient weight 100 kg or greater  ☐ 3600 mg over 2.5 hours

Interval:

☐ Every 8 weeks beginning 2 weeks after loading dose
☐ Every 8 weeks beginning on date __________________

NURSING ORDERS:

1. VITAL SIGNS – Monitor and record vital signs, tolerance, and presence of infusion-related reactions prior to infusion and every 15 minutes throughout infusion.
2. Observe for 1 hour after infusion complete (Unless the prescriber indicates this is not necessary).
3. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.
4. Hold treatment and notify provider if patient is not up to date on meningococcal vaccination every 5 years for MenACWY (either Menactra or Menveo). Notify provider if vaccines need to be administered.

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (Policy HC-PAT-133-GUD). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydRAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x1 dose for hypersensitivity reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x1 dose for hypersensitivity reaction

ONLINE 12/2019 [supersedes 05/2019]  PO-8141
By signing below, I represent the following:
I am responsible for the care of the patient (who is identified at the top of this form);
I hold an active, unrestricted license to practice medicine in: ☐ Oregon ☐ ________________ (check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon);

My physician license Number is # ____________________________ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: ____________________________ Date/Time: ____________________________
Printed Name: ____________________________ Phone: ______________ Fax: ______________

OLC Central Intake Nurse:
Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient’s preferred clinic location:

☐ Beaverton
OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006
Phone number: 971-262-9000
Fax number: 503-346-8058

☐ NW Portland
Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.
Portland, OR 97210
Phone number: 971-262-9600
Fax number: 503-346-8058

☐ Gresham
Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030
Phone number: 971-262-9500
Fax number: 503-346-8058

☐ Tualatin
Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062
Phone number: 971-262-9700
Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders