

Ultomiris Infusion Order (Pediatric) (Revised 4/3/21)

Instructions to Provider: All orders with will be placed unless otherwise noted. Please fax completed order, along with referral form.

Infusion Therapy:

Ultomiris (ravulizumab) IV

ICD 10 code: _____

<input type="checkbox"/> Loading dose (> 1 month or older) Treatment for at least 6 months then individualize treatment	<input type="checkbox"/> 5 to less than 20kg, 600mg <input type="checkbox"/> 20 to less than 30kg, 900mg <input type="checkbox"/> 30 to less than 40kg, 1200mg <input type="checkbox"/> 40 to less than 60kg, 2400mg <input type="checkbox"/> 60 to less than 100kg, 2700mg <input type="checkbox"/> 100kg or greater, 3000mg	Frequency: Once Infuse over 2 to 4 hours
	<input type="checkbox"/> Maintenance dose	<input type="checkbox"/> 5 to less than 10kg, 300mg <input type="checkbox"/> 10 to less than 20kg, 600mg
	<input type="checkbox"/> 20 to less than 30kg, 2100mg <input type="checkbox"/> 30 to less than 40kg, 2700mg <input type="checkbox"/> 40 to less than 60kg, 3000mg <input type="checkbox"/> 60 to less than 100kg, 3300mg <input type="checkbox"/> 100kg or greater, 3600mg	Frequency: Dose 2 weeks after loading dose, then every 8 weeks Infuse over 2 to 4 hours

Special Instructions:

- Confirm Meningococcal Vaccine administered at least 2 weeks prior to Infusion with
- menACWY (Menveo)
 - menB (Bexsero) for patients greater than or equal to 10 years of age

OR

- Prophylactic antibiotics have been ordered (if vaccination is administered < 2 weeks from dose, antibiotics should be administered a minimum of 2 weeks, and should remain for duration of treatment and up to 8 weeks after last dose)

Infusion Monitoring:

- First Infusion:** Obtain vital signs pre-infusion and every 15mins throughout infusion. If vital signs are stable, monitor vitals signs every 30 minutes for 1 hour after completion of infusion
- Subsequent Infusion:** If no issue with previous dose, obtain vital signs pre-infusion, post-infusion, and 1-hour after completion of infusion.
- If symptoms of reaction occur (wheezing, flushing, hypotension, hypertension, and rash), decrease the infusion rate to one half the previous rate until improvement of symptoms is noted. Notify provider if rate decrease required. **STOP infusion** for serious symptoms of respiratory distress, anaphylactic shock, severe allergic reaction.

Anaphylaxis Medications at Chair Side:

- Benadryl _____ mg (1mg/kg/dose, max 50mg) IV x 1 PRN allergic reaction
- Epinephrine _____ mg (0.01mg/kg; max dose 0.5mg) IM x 1 PRN severe allergic reaction

Physician Name: _____

Physician Signature: _____

Date: _____ (Order valid for 1 year)

Patient Name:

DOB:

MRN: