

Prescriber Signature: _

ULTOMIRIS (RAVULIZUMAB-CWVZ) PATIENT REFERRAL AND PRESCRIPTION SHEET

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Patient Information					
Patient Name: Date:					
DOB:			Height:	Height:	
Allergies:			Weight:		☐ lbs ☐ kg
Primary Diagnosis					
Diagnosis	ICD-10	Diagnosis	gnosis		
☐ Paroxysmal Nocturnal Hemoglobinuria	D59.5	☐ Generalized Myast	henia Gravis		G70.00
☐ Atypical Hemolytic Uremic Syndrome	D59.39	☐ Neuromyelitis Opti	ca Spectrum Disorder		G36.0
☐ Other:					
Medication Order					
Loading Dose ☐ Infuse 2400mg IV x 1 dose (pt weight 40-59kg) ☐ Infuse 2700mg IV x 1 dose (pt weight 60-99kg) ☐ Infuse 3000mg IV x 1 dose (pt weight ≥100kg) ☐ Other Maintenance Dose ☐ Infuse 3000 mg IV every 8 weeks after loading dose (pt weight 40-59kg) ☐ Infuse 3300 mg IV every 8 weeks after loading dose (pt weight 60-99kg) ☐ Infuse 3600mg IV every 8 weeks after loading dose (pt weight ≥100kg) ☐ Other Nursing Orders Skilled nursing visit for clinical assessment, administration of medication. Initiate plan of tr					
maintain access device as indicated in Ancillary Orders. Remove peripheral IV or access from implanted VAD when infusion is completed.					
Ancillary Orders					
Pre-medications: ☐ Diphenhydramine: 25mg PO 30 min pre-infusion ☐ Acetaminophen: 650mg PO 30 min pre-infusion ☐ Famotidine: 20 mg PO x1 dose ☐ Other pre-meds: ☐ Refill x one year					
☐ Diphenhydramine: 25mg PO 30 min pre-infus ☐ Acetaminophen: 650mg PO 30 min pre-infusio ☐ Famotidine: 20 mg PO x1 dose ☐ Other pre-meds:	on	☐ Implanted lab draw. ☐ CVAD: NS	: NS 1-3 mL before/after us VAD: NS 5 to 10 mL before Heparin (100 unit/mL) 3 to 5 to 10 mL before/after use L0 units/mL) 3 to 5 mL final	/after use a 5 mL final f and 10 ml	flush
☐ Diphenhydramine: 25mg PO 30 min pre-infus ☐ Acetaminophen: 650mg PO 30 min pre-infusio ☐ Famotidine: 20 mg PO x1 dose ☐ Other pre-meds:	onctor dual pack: Adul	☐ Peripheral ☐ Implanted lab draw. ☐ CVAD: NS Heparin (1 ☐ Refill x on t: 0.3mg Children: 0.15	I: NS 1-3 mL before/after us VAD: NS 5 to 10 mL before Heparin (100 unit/mL) 3 to 5 to 10 mL before/after use L0 units/mL) 3 to 5 mL final e year	/after use a 5 mL final f and 10 ml	flush
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Date: