

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Ultomiris® (ravulizumab) Order Form
Epic Referral: REF115226

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Patient Weight: _____ (include unit lbs/kg) **Date weight taken:** _____

Loading dose (Only check if new to ultomiris or restarting therapy):

- IV Ultomiris (ravulizumab) _____ mg diluted in an equal volume of 0.9% NaCl infused x 1 dose followed by maintenance dosing below beginning 2 weeks after loading dose
- Volume and infusion time will be determined based on recommendations from package insert
 - Flush with 50 mL of 0.9% NaCl after infusion to ensure entire dose is given

Maintenance:

- IV Ultomiris (ravulizumab) _____ mg diluted in an equal volume of 0.9% NaCl infused every 8 weeks
- Volume and infusion time will be determined based on recommendations from package insert
 - Flush with 50 mL of 0.9% NaCl after infusion to ensure entire dose is given

Order good for: 6 months 1 year Other duration: _____

Vaccines:

Bexsero or Trumenba (We have Bexsero, however will complete Trumenba series if was started)

- First dose of _____ given on _____ and then complete vaccine series as indicated
- Give Bexsero vaccine series (2 doses \geq 1 month apart)
- Meningitis group B booster at 1 year from completion of initial series

Menactra/MenQuadfi (Whatever product is available)

- First dose given on _____ and then give second dose \geq 2 months after first dose
- Give complete vaccine series (2 doses, 2nd dose \geq 2 months after first dose)

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____