



INFUSION SUITE		ULTOMIRIS INFUSION ORDERS	
406 Arthritis Clinic LLC 2409 Arnold Ln Ste 9 Billings, MT 59102		Phone: 406-345-0211	Fax: 747-205-0742
PATIENT INFORMATION - Include Patient Demographics and Insurance Cards			
Name: _____		DOB: _____	
MEDICAL INFORMATION			
ICD10: _____		Patient Height: _____	
Patient Weight (kg): _____		Allergies: _____	
*Weigh patient prior to each infusion			
REQUIRED TESTING			
<input type="checkbox"/> AChR+ result: _____		<input type="checkbox"/> Meningococcal Vaccine: _____ <i>*2 weeks prior to start</i>	
Additional labs: _____		_____	
<input type="checkbox"/> Insert IV		<input type="checkbox"/> Access Port/PICC	
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:		<input type="checkbox"/> 325mg PO X1 <input type="checkbox"/> 500mg PO X1 <input type="checkbox"/> 650mg PO X1	
<input type="checkbox"/> Diphenhydramine:		<input type="checkbox"/> 25mg IVP X1 <input type="checkbox"/> 25mg PO X1 <input type="checkbox"/> 50mg IVP X1 <input type="checkbox"/> 50mg PO X1	
<input type="checkbox"/> Solumedrol:		<input type="checkbox"/> 40mg IV X1 <input type="checkbox"/> 100mg IV X1 <input type="checkbox"/> 125mg IV X1	
<input type="checkbox"/> Antihistamine:		<input type="checkbox"/> Cetirizine 10mg PO X1 <input type="checkbox"/> Loratadine 10mg PO X1	
<input type="checkbox"/> Additional PRN:		_____	
ULTOMIRIS ORDERS			
<input type="checkbox"/> Initial: 40-60kg	Ultomiris 2400mg IV X1	_____	_____
<input type="checkbox"/> Initial: 60-100kg	Ultomiris 2700mg IV X1	_____	_____
<input type="checkbox"/> Initial: Over 100kg	Ultomiris 3000mg IV X1	_____	_____
<input type="checkbox"/> Maintenance: 40-60kg	Ultomiris 3000mg IV every 8 weeks X _____	_____	_____
<input type="checkbox"/> Maintenance: 60-100kg	Ultomiris 3300mg IV every 8 weeks X _____	_____	_____
<input type="checkbox"/> Maintenance: Over 100kg	Ultomiris 3600mg IV every 8 weeks X _____	_____	_____
<input type="checkbox"/> Initial: < 40kg	_____ mg IV X 1 (See table below)		
<input type="checkbox"/> Maintenance: < 40kg	_____ mg IV every _____ weeks X _____ (See table below)		
POST INFUSION			
<input type="checkbox"/> Flush IV line with NS. D/C IV.			
<input type="checkbox"/> Flush port with 5-10mL 0.9% NS. Lock port with Heparin 10u/mL IVP (based of size port). De-access port.			
<input type="checkbox"/> Discharge home			
Referring Provider Printed:		_____	
Referring Provider Signature:		Date: _____	
Referring Provider Phone:		Referring Provider Fax: _____	
406 Provider Printed:		_____	
406 Provider Signature:		Date: _____	

**Credentials must be included*

Infusion Directions:

- Withdraw the dose of Ultomiris from the appropriate number of vials and dilute in an infusion bag using
- 0.9% Sodium Chloride Injection, USP to a final concentration of:
 - 50 mg/mL for the 3 mL and 11 mL vial sizes
 - 5 mg/mL for the 30 mL vial size
- Mix gently, do not shake. (Do not open prior to use. Vial should be protected from light prior to infusing)
- Infuse with a 0.2- or 0.22-micron filter.

Nursing Considerations:

- Do not mix 100mg/ml (3ml and 11ml vials) and 10mg/ml (30ml vial) concentrations together.
- For patients weighing less than 40kg with PNH and aHUS, following dosing table
- If bridging from Soliris, loading dose of Ultomiris should be at the time of your next scheduled dose of Soliris

Indications	Body Weight Range (kg)	Loading Dose (mg)	Maintenance Dose (mg) and Dosing Interval	
PNH and aHUS	5 to less than 10	600	300	Every 4 weeks
	10 to less than 20	600	600	
	20 to less than 30	900	2,100	Every 8 weeks
	30 to less than 40	1,200	2,700	
PNH, aHUS, and gMG	40 to less than 60	2,400	3,000	
	60 to less than 100	2,700	3,300	
	100 or greater	3,000	3,600	

Loading dose:

Maintenance Dose:

Table 3: Loading Dose Reference Table for ULTOMIRIS 100 mg/mL (3 mL and 11 mL vials)

Body Weight Range (kg) ^a	Loading Dose (mg)	ULTOMIRIS Volume (mL)	Volume of NaCl Diluent ^b (mL)	Total Volume (mL)	Minimum Infusion Time (hr)	Maximum Infusion Rate (mL/hr)
5 to less than 10 ^c	600	6	6	12	1.4	8
10 to less than 20 ^c	600	6	6	12	0.8	16
20 to less than 30 ^c	900	9	9	18	0.6	30
30 to less than 40 ^c	1,200	12	12	24	0.5	46
40 to less than 60	2,400	24	24	48	0.8	64
60 to less than 100	2,700	27	27	54	0.6	92
100 or greater	3,000	30	30	60	0.4	144

^a Body weight at time of treatment.
^b Dilute ULTOMIRIS only using 0.9% Sodium Chloride Injection, USP.
^c For PNH and aHUS indications only.

Table 4: Maintenance Dose Reference Table for ULTOMIRIS 100 mg/mL (3 mL and 11 mL vials)

Body Weight Range (kg) ^a	Maintenance Dose (mg)	ULTOMIRIS Volume (mL)	Volume of NaCl Diluent ^b (mL)	Total Volume (mL)	Minimum Infusion Time (hr)	Maximum Infusion Rate (mL/hr)
5 to less than 10 ^c	300	3	3	6	0.8	8
10 to less than 20 ^c	600	6	6	12	0.8	16
20 to less than 30 ^c	2,100	21	21	42	1.3	33
30 to less than 40 ^c	2,700	27	27	54	1.1	49
40 to less than 60	3,000	30	30	60	0.9	65
60 to less than 100	3,300	33	33	66	0.7	99
100 or greater	3,600	36	36	72	0.5	144

^a Body weight at time of treatment.
^b Dilute ULTOMIRIS only using 0.9% Sodium Chloride Injection, USP.
^c For PNH and aHUS indications only.

Table 6: Loading Dose Reference Table for ULTOMIRIS 10 mg/mL (30 mL vial)

Body Weight Range (kg) ^a	Loading Dose (mg)	ULTOMIRIS Volume (mL)	Volume of NaCl Diluent ^b (mL)	Total Volume (mL)	Minimum Infusion Time (hr)	Maximum Infusion Rate (mL/hr)
5 to less than 10 ^c	600	60	60	120	3.8	31
10 to less than 20 ^c	600	60	60	120	1.9	63
20 to less than 30 ^c	900	90	90	180	1.5	120
30 to less than 40 ^c	1,200	120	120	240	1.3	184
40 to less than 60	2,400	240	240	480	1.9	252
60 to less than 100	2,700	270	270	540	1.7	317
100 or greater	3,000	300	300	600	1.8	333

^a Body weight at time of treatment.
^b Dilute ULTOMIRIS only using 0.9% Sodium Chloride Injection, USP.
^c For PNH and aHUS indications only.

Table 7: Maintenance Dose Reference Table for ULTOMIRIS 10 mg/mL (30 mL vial)

Body Weight Range (kg) ^a	Maintenance Dose (mg)	ULTOMIRIS Volume (mL)	Volume of NaCl Diluent ^b (mL)	Total Volume (mL)	Minimum Infusion Time (hr)	Maximum Infusion Rate (mL/hr)
5 to less than 10 ^c	300	30	30	60	1.9	31
10 to less than 20 ^c	600	60	60	120	1.9	63
20 to less than 30 ^c	2,100	210	210	420	3.3	127
30 to less than 40 ^c	2,700	270	270	540	2.8	192
40 to less than 60	3,000	300	300	600	2.3	257
60 to less than 100	3,300	330	330	660	2	330
100 or greater	3,600	360	360	720	2.2	327

^a Body weight at time of treatment.
^b Dilute ULTOMIRIS only using 0.9% Sodium Chloride Injection, USP.
^c For PNH and aHUS indications only.