

ULTOMIRIS (RAVULIZUMAB-CWVZ) ORDER FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Mobile Number: _____ Patient Weight: _____ kg
 Allergies: _____
 Patient has known difficult venous access. Comments: _____
 New Start Therapy | Continuation of Therapy & Date of last dose (if applicable): _____

DIAGNOSIS (Provider must specify)

Myasthenia Gravis (without acute exacerbation), ICD 10: G70.00
 Myasthenia Gravis with acute exacerbation, ICD 10: G70.01
 Paroxysmal Nocturnal Hemoglobinuria (PNH), ICD 10: D59.5
 Atypical Hemolytic Uremic Syndrome (aHUS), ICD 10: D59._____
 Neuromyelitis optica spectrum disorder (NMOSD) who are anti-aquaporin-4 (AQP4) antibody positive, ICD 10: G36.0
 Other: _____

PROVIDER INFORMATION

Provider Name (print name): _____ Provider NPI: _____
 Signature: _____ Date: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Email Address: _____

Prerequisites to treatment – ensure the following information is complete and attached with referral:

Demographics Labs and tests supporting diagnosis Office/progress notes

PRE-MEDICATION (Not typically indicated)

Acetaminophen (Tylenol) 500 mg PO Famotidine 20 mg IV Methylprednisolone (Solu-Medrol) 125 mg IVP
 Benadryl 25mg PO Cetirizine (Zyrtec) 10 mg PO
 Other: _____ Dose: _____ Route: _____

Order valid for 1 year from date of signature unless otherwise specified here: _____

FAX NUMBERS:

CT: 203.433.0621
 FL: 904.877.9270

MA: 413.296.8482
 MD: 240.224.8607
 ME: 207.407.7272

NC: 919.984.8698
 NH: 603.217.5371
 NJ: 201.581.4521

NY: 631.250.6020
 OH: 937.871.4594
 PA: 610.273.5998

SC: 864.973.6279
 VA: 703.202.0499

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MEDICATION

MEDICATION	INDICATIONS	BODY WEIGHT RANGE (KG)	LOADING DOSE (MG)**	MAINTENANCE DOSE (MG) AND DOSING INTERVAL		ROUTE	
Ultomiris	<input type="checkbox"/> PNH or aHUS	5 to less than 10	600	300	Every 4 weeks	IV	
		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			
	<input type="checkbox"/> PNH, aHUS, gMG, or NMOSD	40 to less than 60	2,400	3,000	Every 8 weeks		
		60 to less than 100	2,700	3,300			
		100 or greater	3,000	3,600			
	<input type="checkbox"/> Other: _____						

**Not currently on ULTOMIRIS or eculizumab treatment:

- Weight-based ULTOMIRIS loading dose begins at treatment start
- Time of first ULTOMIRIS weight-based maintenance dose: 2 weeks after ULTOMIRIS loading dose

Currently treated with eculizumab:

- At time of next scheduled eculizumab dose begins at time of next scheduled eculizumab dose
- Time of first ULTOMIRIS weight-based maintenance dose: 2 weeks after ULTOMIRIS loading dose

LABS / SPECIAL INSTRUCTIONS

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