Local Infusion

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ULTOMIRIS (RAVULIZUMAB-CWVZ) ORDER FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Mobile Number: _____ Patient Weight: _____kg

Allergies: _____

❑ Patient has known difficult venous access. Comments:_____

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: D59.3

❑ 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	❑ 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		
	❑ 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		
	❑ 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

❑ New Start Therapy ❑ Continuation of Therapy Date of last dose (if applicable): _____

LABS / SPECIAL INSTRUCTIONS

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