INFUSE CARE
PREMIER MEDICAL INFUSIONS

PHYSICIAN ORDER FORM
Fax 1-732-960-3449 · Phone 732-444-8808

Ultomiris *ravulizumab-cwvz*

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) _____ Provider NPI _____

Signature _____ Date _____

Contact name _____ Phone _____ Fax _____

Email address _____

PREREQUISITES TO TREATMENT

Ensure the following is complete and attached with the referral

☐ Proof of meningococcal vaccination at least 2 weeks prior to start of treatment (If urgent Ultomiris therapy is indicated in an unvaccinated patient, administer meningococcal vaccine(s) as soon as possible and provide patients with two weeks of antibacterial drug prophylaxis
☐ 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
☐ Diphenhydramine (Benadryl) 25 mg PO
☐ Cetirizine (Zyrtec) 10 mg PO
☐ Other _____ Dose _____ Route _____

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

Ultomiris *(continued)*

MEDICATION ORDER

MEDICATION	INDICATIONS	BODY WEIGHT (KG)	LOADING DOSE (MG)**	MAINTENANCE DOSE (MG)	INTERVAL	ROUTE
Ultomiris	☐ PNH or aHUS	5 to <10	600	300	Every 4 weeks	IV
		10 to <20	600	600		
		20 to <30	900	2,100	Every 8 weeks	
		30 to <40	1,200	2,700		
	☐ PNH, aHUS, gMG, or NMOSD	40 to <60	2,400	3,000	Every 8 weeks	
		60 to <100	2,700	3,300		
		100 or greater	3,000	3,600		
	☐ Other: _____					

**Not currently on Ultomiris or eculizumab: weight-based loading dose begins at treatment start; first weight-based maintenance dose 2 weeks after the loading dose.
Currently treated with eculizumab: loading dose begins at the time of the next scheduled eculizumab dose; first weight-based maintenance dose 2 weeks after the loading dose.

LABS / SPECIAL INSTRUCTIONS

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