Vermont 28 Park Ave Suite #1A Williston, VT 05495





(Ultomiris)

Provider_

Ravulizumab-cwvz

Infusion orders

Date:

Name: DOB: SEX: M F	Name: DOB: SEX: M F	PATIENT INFORMATION				
ICD-10 code (required):	ICD-10 code (required):		T I	SEX: M □ F □		
NKDA Allergies: REFERRAL STATUS New Referral □Referral Renewal □Medication/Order Change □Benefits Verification Only □Discontinuation Order	REFERAL STATUS Referral Renewal Medication/Order Change Benefits Verification Only Discontinuation Order					
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☐ Patient demographics AND insurance information	Documentation of meningococcal vaccines WITH DATES OF ADMINISTRATION OF MEN B & MEN ACWY OR WITH DATES OF ADMINISTRATION OF MEN ABCWY OR IF NOT FULLY VACCINATED - PHROPHLATIC ANTIBX RX SENT Is your patient enrolled in the Ultomiris-REMS program? PES No (if no, must be enrolled to start therapy) Is the ordering PROVIDER enrolleD in the Ultomiris-REMS program? PES NO (if no, must be enrolled to start therapy) = ORDERING PROVIDER	 □ Myasthenia gravis without (acute) exacerbation □ Myasthenia gravis with (acute) exacerbation □ Other disorders of phosphorus metabolism □ Other disorders of phosphorus metabolism □ ICD 10 Code: D59.5 ■ Neuromyelitis Optica (NMO), Aquaporin 4 Antibody Positive □ ICD 10 Code: G36.0 ■ Hemolytic-uremic syndrome (aHUS) ■ ICD 10 Code: D59.3 ■ NOTE ■ List Tried & Failed Therapies, including duration of treatment: 1) 2) Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a meningococcal infection. Comply with the most current National Advisory Committee on Immunization (NACI) recommendations for meningococcal vaccination in patients with complement 	Ravulizumab-cwvz (Ultomiris) ORDERS Initial Dosing □ 2,400 mg IV (40k to less than 60kg) □ 2,700 mg IV(60k to less than 100 kg) □ 3,000 mg IV (100k or greater kg) Maintenance Dosing □ 3,000 mg (40k to less than 60kg) IV every 8 weeks starting 2 weeks after initial load □ 3,300 mg (60k to less than 100 kg) IV every 8 weeks starting 2 weeks after initial load Maintenance Dosing ONLY □ 3,000 mg (40k to less than 60kg) IV every 8 weeks □ 3,300 mg (60k to less than 100 kg) IV every 8 weeks □ 3,300 mg (60k to less than 100 kg) IV every 8 weeks □ 3,600 mg (100k or greater kg) IV every 8 weeks □ ADJUST DOSE BASED ON WEIGHT (KG) AT NEXT INFUSION AFTER NOTIFYING DR? ****** Refills*: None □X6 months □X1 year □Other: *(if not indicated order will expire one year from date signed) REQUIRED DOCUMENTATION:			
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