

ULTOMIRIS (ravulizumab)

Status New Therapy Order Renewal Dosage or Frequency Change

Diagnosis
 ICD 10 Code: G70.00 Anti-AchR+ Generalized Myasthenia Gravis (gMG)
 ICD 10 Code: D59.3 Atypical Hemolytic Uremic Syndrome (aHUS)
 ICD 10 Code: D59.5 Paroxysmal Nocturnal Hemoglobinuria (PNH)
 ICD 10 Code: _____ Other: _____

Pertinent Medical Hx Meningitis Vaccine status & date: _____

REMS Is referring physician enrolled in FDA REMS program? Y N

Labs Labs to be drawn by: Infusion Clinic Referring Physician
 If Infusion Clinic: _____

Premeds
 No premeds necessary
 acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 cetirizine (Zyrtec) 10mg PO - **OR** - diphenhydramine (Benadryl) 25mg PO
 methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 other: _____

IV Fluids
 NS TKO
 Other: _____

	Body Weight	Loading Dose	Maintenance Dose
	40-60 kg	2400 mg	3000 mg
	60-100 kg	2700 mg	3300 mg
	>100 kg	3000 mg	3600 mg

Medication Order
 Frequency
 Loading dose at Week 0 + Maintenance dose at Week 2 + every 8 weeks thereafter.
 Maintenance dose every 8 weeks beginning on date _____.
 Refills: x 1 year x _____ doses No refills; give this dose only.

Monitoring Monitor for signs/symptoms of hypersensitivity during infusion and 60 mins post-infusion.
 For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.

Additional Orders

Physician Information
 Physician Name _____ NPI _____
 Office Contact _____ Phone _____
 Provider _____ Date _____
 Signature: _____

Patient Name
DOB
Cell Phone
Address

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REQUIRED DOCUMENTATION	
○ Patient Demographics & Insurance Information:	- Copy of patient's insurance card – front and back
○ Clinical / Progress Notes, supporting primary diagnosis:	- 2 most recent office notes - Medication history
○ Most Recent Labs:	- Meningococcal vaccination history - Acetylcholine Receptor Antibody Test (if gMG)

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