

Ultomiris

Ravulizumab-cwvz



Treatment Location: Dublin, OH Lancaster, OH

PROVIDERS: Please include the following to expedite the order: Patient Demographics; Insurance Information; All Clinical Documentation Supporting the Diagnosis Including any Previous or Current Therapies, Pertinent Labs (AChR Antibodies for gMG diagnosis only, AQP4 Antibodies for NMOSD diagnosis only), or Diagnostic Testing, Most Recent Office Visit Note (Including MG-ADL Score for gMG Diagnosis), and Meningococcal Vaccines

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ Patient Phone: _____ DOB: _____

ICD-10 code (required): G70.00 G70.01 D59.5 PNH D59.32 aHUS G36.0 NMOSD ICD Description: _____

Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING

- Center will use Hypersensitivity protocol established by Infuse One Ohio.
- Meningococcal Vaccines Conjugate and Serogroup B (list dates of both MenB and MenACWY & attach clinicals)

- For gMG diagnosis: AChR Antibodies (list results & attach clinicals):

- For NMOSD diagnosis: AQP4 Antibodies (list results & attach clinicals):

- Patients and prescribers must be enrolled and certified in the Ultomiris and Soliris REMS

PRE-MEDICATION ORDERS

- Pre-Medications not usually indicated.*
- Diphenhydramine 25mg / 50mg PO / IV
 - Acetaminophen 325mg / 500mg / 650mg PO
 - Other: _____
- Dose: _____ Route: _____ Frequency: _____

THERAPY ADMINISTRATION

- Ultomiris in 0.9% sodium chloride IV Infusion
Indication: PNH aHUS gMG NMOSD
Dose:
 - Loading Dose (if patient has already completed loading dose, proceed to maintenance dose).
 - 40 kg to less than 60 kg: 2400 mg
 - 60 kg to less than 100 kg: 2700 mg
 - Greater than 100 kg: 3000mg
 - Maintenance Dose: Starting 2 weeks after the loading dose and then every 8 weeks thereafter
 - 40 kg to less than 60 kg: 3000 mg
 - 60 kg to less than 100 kg: 3300 mg
 - Greater than 100 kg: 3600mg
- Monitor patients for 1 hour after completion of infusion
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)
To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Infuse One Ohio is authorized to administer a generic or biosimilar.

Provider Name (Print) _____ Provider Signature _____ Date _____

- Please check this box if you DO NOT authorize Infuse One Ohio to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.