

Ultomiris Infusion Order

(ravulizumab-cwvz)



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

***Please fax a copy of the following patient information:** Demographics Insurance Information Current Medications
 H & P Relevant to the Diagnosis Meningococcal Vaccine Current Labs

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

PRE-MEDICATIONS:

Diphenhydramine: PO IV 25mg 50mg Pre-med PRN

Acetaminophen: PO 650mg Pre-med PRN

ULTOMIRIS (RAVULIZUMAB-CWVZ) IV DOSAGE:

in 0.9% Sodium Chloride

PNH aHUS gMG

Weight (kg)	Loading Dose	Maintenance Dose 2 wks after Loading	Frequency
<input type="checkbox"/> 5 to < 10	600 mg	300 mg	every 4 weeks
<input type="checkbox"/> 10 to < 20	600 mg	600 mg	every 4 weeks
<input type="checkbox"/> 20 to < 30	900 mg	2100 mg	every 8 weeks
<input type="checkbox"/> 30 to < 40	1200 mg	2700 mg	every 8 weeks
<input type="checkbox"/> 40 to < 60	2400 mg	3000 mg	every 8 weeks
<input type="checkbox"/> 60 to < 100	2700 mg	3300 mg	every 8 weeks
<input type="checkbox"/> 100 or greater	3000 mg	3600 mg	every 8 weeks

Other: _____ mg every _____

*** Must be enrolled and authorized in the Ultomiris-REMS Program**