

Phone and Fax: 608-690-7210 www.MySmartInfusion.com

Ultomiris (Ravulizumab-cwvz) Infusion Order Form

Infusion Order Form		
Patient Information		
Patient Name:	DOB: M □ F □	
Allergies:		
☐ New Treatment ☐ Continuing Treatment Last Treat	tment Date: Next Due Date:	
Diagnosis and ICD 10 Code (Required)		
☐ Atypical Hemolytic Uremic Syndrome	ICD 10 Code: D59.3	
☐ Paroxysmal Nocturnal Hemoglobinuria	ICD 10 Code: D59.5	
☐ Myasthenia Gravis, Acetylcholine Receptor Antibody Positive	e ICD 10 Code: G70.00	
Required Meningococcal Vaccine Status & Date:	Ultomiris Medication Order	
Required Labs	Patient Weight: KG	
Most recent CBC & CMP (attach results)	Induction Dosage	
	☐ 2,400mg IV	
<u>Pre-Medication Orders</u>	☐ 2,700mg IV	
Acetaminophen (Tylenol) ☐ 500mg ☐ 650mg ☐ 1000mg ☐ F	PO □ 3,000mg IV	
Diphenhydramine (Benadryl) ☐ 25mg ☐ 50mg ☐ PO ☐ IV		
Methylprednisolone (Solu-Medrol) ☐ 125mg ☐ IV	Maintenance Dosage	
Ondansetron (Zofran) ☐ 4mg ☐ 8mg ☐ PO ☐ IV	☐ 3,000mg IV on week three, then every 8 weeks	
Other: Route:	☐ 3,300mg IV on week three, then every 8 weeks ☐ 3,600mg IV on week three, then every 8 weeks	
Dose: Frequency:	3,000mg iv on week three, then every a weeks	
Nursing Provide nursing care per Smart Infusion Nursing Procedures, Including reaction management and post-procedure observation Special Instructions / Notes	Required Documents Patient Demographic Sheet H & P within the past 6 months Current Medication List Clinical & Progress Notes (including last infusion note) Copy of Insurance Card (Front/Back)	
	Location ☐ Eau Claire ☐ Weston ☐ Middleton	

Provider Information

Provider Name:	Provider NPI:
Office Phone:	_ Office Fax:
Provider Signature:	Date: