



Ultomiris (Ravulizumab-cwvz) Infusion Order Form

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment 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 ICD 10 Code: G70.00
- Other: _____ ICD 10 Code: _____

Required Tests (within 12 months & attach results)

Meningococcal Vaccine Status & Date: _____

Required Labs (within 3 months & attach results)

CBC Results _____

CMP Results _____

Other: _____

Pre-Medication Orders

Acetaminophen (Tylenol) 500mg 650mg 1000mg PO

Diphenhydramine (Benadryl) 25mg 50mg PO IV

Methylprednisolone (Solu-Medrol) 125mg IV

Ondansetron (Zofran) 4mg 8mg PO IV

Other: _____ Route: _____

Dose: _____ Frequency: _____

Nursing

Provide nursing care per Smart Infusion Nursing Procedures, including reaction management and post-procedure observation.

Special Instructions / Notes**Provider Information**

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____

Ultomiris Medication Order

Patient Weight: _____ KG

Induction Dosage

- 2,400mg IV
- 2,700mg IV
- 3,000mg IV

Maintenance Dosage

- 3,000mg IV on week three, then every 8 weeks
- 3,300mg IV on week three, then every 8 weeks
- 3,600mg IV on week three, then every 8 weeks

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes