

Allergies:		PATIENT INFOR	DOB:	
New Referral				
New Referral   Dose or Frequency Change   Order Renewal	alietyles.			
INFUSION OFFICE PREFERENCES (Optional)  Preferred Location*   Mattoon   Effingham   Effingham   Please Note: Requests will be accommodated based on infusion center availability and are not guaranteed.    Diagnosis and ICD 10 CODE     Diagnosis and ICD 10 Code: G70.00     Diagnosis and ICD 10 Code: G70.00     Diagnosis and ICD 10 Code: G70.01     Diagnosis Mocturnal Hemoglobinuria (PNH)   ICD 10 Code: G70.01     Diagnosis ICD 10 Code: G70.01   Diagnosis ICD 10 Code: G70.01   Diagnosis ICD 10 Code: G70.00   Diagnosis ICD 10 Code: G70.01   Diagnosis ICD 10 Code: G70.00   D				
Preferred Location*   Mattoon   Effingham Please Note: Requests will be accommodated based on infusion center availability and are not guaranteed.    Diagnosis and ICD 10 CODE	□ Ne			
Please Note: Requests will be accommodated based on infusion center availability and are not guaranteed.  Diagnosis and ICD 10 CODE    Myasthenia gravis without (acute) exacerbation			-ERENCES (Optional)	
Myasthenia gravis without (acute) exacerbation   ICD 10 Code: G70.00   Myasthenia gravis with (acute) exacerbation   ICD 10 Code: G70.01   ICD 10 Code: G70.01   Myasthenia gravis with (acute) exacerbation   ICD 10 Code: G70.01   ICD 10 Code: G70.01   ICD 10 Code: G70.01   ICD 10 Code: G36.0   ICD 10				
Myasthenia gravis without (acute) exacerbation	Please Note: Requests will be			
Myasthenia gravis with (acute) exacerbation	M	The second secon		
Paroxysmal Nocturnal Hemoglobinuria (PNH)	-			
Neuromyelitis Optica (NMO), Aquaporin 4 Antibody Positive   ICD 10 Code: G36.0   ICD 10 Code: D59.3		,		
Hemolytic-uremic syndrome (aHUS)   REQUIRED DOCUMENTATION     This signed order form by the provider   Clinical/Progress notes supporting primary diagnosis   Documentation of meningococcal vaccines   Documentation of Meningococcal vaccine	-			
REQUIRED DOCUMENTATION  This signed order form by the provider Patient demographics AND insurance information Acetylcholine Receptor Antibody Test Results (if Myasthenia Gravis) Pregnancy Test (if applicable) Syour patient enrolled in the Ultomiris-REMS program? Pregnancy Test (if applicable) Syour patient enrolled in the Ultomiris-REMS program? Pregnancy Test (if applicable) Syour patient enrolled in the Ultomiris-REMS program? Pregnancy Test (if applicable) Syour patient enrolled in the Ultomiris-REMS program? Pregnancy Test (if No, must be enrolled to start therapy)  Interview Tried & Failed Therapies (if Myasthenia Gravis):  MEDICATION ORDERS  Dosing Wt for Calculations Pregnancy Test (if No, must be enrolled to start therapy)  MEDICATION ORDERS  Dosing Wt for Calculations Pregnancy Test (if No, must be enrolled to start therapy)  MEDICATION ORDERS  Dosing Wt for Calculations Pregnancy Test (if No, must be enrolled to start therapy)  MEDICATION ORDERS  Dosing Wt for Calculations Pregnancy Test (if No, must be enrolled to start therapy)  MEDICATION ORDERS  No (if No, must be e				
This signed order form by the provider Patient demographics AND insurance information Acetylcholine Receptor Antibody Test Results (if Myasthenia Gravis) Syour patient enrolled in the Ultomiris-REMS program? Sy	☐ Hemolytic-uremic synd	rome (aHUS)	ICD 10 Code: D59.3	
Patient demographics AND insurance information Acetylcholine Receptor Antibody Test Results (if Myasthenia Gravis) Acetylcholine Receptor Antibody Test Results (if Myasthenia Gravis) Syour patient enrolled in the Ultomiris-REMS program? Sy the ordering PROVIDER enrolled in the Ultomiris-REMS program?  In this program is the program in the Ultomiris-REMS program?    Yes		REQUIRED DOC	UMENTATION	
Acetylcholine Receptor Antibody Test Results (if Myasthenia Gravis)  s your patient enrolled in the Ultomiris-REMS program?  s the ordering PROVIDER enrolled in the Ultomiris-REMS program?    Yes	☐ This signed order form by	the provider	☐ Clinical/Progress notes supporting primary diagnosis	
s your patient enrolled in the Ultomiris-REMS program?	■ Patient demographics AN	D insurance information	☐ Documentation of meningococcal vaccines	
site ordering PROVIDER enrolled in the Ultomiris-REMS program?	☐ Acetylcholine Receptor Ar	ntibody Test Results (if Myasthenia Gravis)	☐ Pregnancy Test (if applicable)	
MEDICATION ORDERS  Dosing Wt for Calculations Ht: Wt (in kg): BMI:	s your patient enrolled in the U	Iltomiris-REMS program?	Yes No	
MEDICATION ORDERS  Dosing Wt for Calculations Ht: Wt (in kg): BMI:  nitial Dosing	s the ordering PROVIDER enr	olled in the Ultomiris-REMS program?	☐ Yes ☐ No (If No, must be enrolled to start therapy)	
Initial Dosing				
2,700 mg IV (60k to less than 100 kg)   3,000 mg IV (100k or greater kg)		T	DIVII.	
3,000 mg IV (100k or greater kg)   3,000 mg (40k to less than 60kg) IV every 8 weeks starting 2 weeks after initial load   3,300 mg (60k to less than 100 kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   4,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   5,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   6,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   7,000 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load	initial bosing			
Maintenance Dosing   3,000 mg (40k to less than 60kg) IV every 8 weeks starting 2 weeks after initial load   3,300 mg (60k to less than 100 kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after initial load   20 mg (100k or greater kg) IV every 8 weeks after in	*			
3,300 mg (60k to less than 100 kg) IV every 8 weeks starting 2 weeks after initial load  3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load  Refills*: None X 6 months X 1 year Moses *(if not indicated order will expire one year from date sign munize patients with meningococcal vaccines at least 2 weeks prior to administering the first does of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy butweigh the risk of developing a meningococcal infection. Comply with the most current National Advisory Committee on Immunization (NACI) recommendations for meningococcal vaccination in patients with complement deficiencies.  ADDITIONAL ORDERS  PRESCRIBER INFORMATION  Prescriber name:  Office Phone: Office Fax: Office Email:	Maintananaa Daaina		work 9 wooks starting 2 wooks ofter initial load	
3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every 8 weeks after initial load   4,600 mg (100k or greater kg) IV every	waintenance Dosing			
Refills*: None X 6 months X 1 year doses *(if not indicated order will expire one year from date sign in munize patients with meningococcal vaccines at least 2 weeks prior to administering the first does of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a meningococcal infection. Comply with the most current National Advisory Committee on Immunization (NACI) recommendations for meningococcal vaccination in patients with complement deficiencies.  ADDITIONAL ORDERS  PRESCRIBER INFORMATION  Prescriber name:  Office Phone: Office Fax: Office Email:		1 -		
mmunize patients with meningococcal vaccines at least 2 weeks prior to administering the first does of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy butweigh the risk of developing a meningococcal infection. Comply with the most current National Advisory Committee on Immunization (NACI) recommendations for meningococcal vaccination in patients with complement deficiencies.  ADDITIONAL ORDERS  PRESCRIBER INFORMATION  Prescriber name:  Office Phone:  Office Fax:  Office Email:			y o weeks starting 2 weeks after initial load	
PRESCRIBER INFORMATION  Prescriber name:  Office Phone:  Office Phone:  Office Fax:  Office Email:				
PRESCRIBER INFORMATION  Prescriber name :  Office Phone:  Office Fax:  Office Email:		X 6 months X 1 year		
PRESCRIBER INFORMATION  Prescriber name :  Office Phone:  Office Fax:  Office Email:	Immunize patients with meningococoutweigh the risk of developing a m	X 6 months X 1 year — cal vaccines at least 2 weeks prior to administering peningococcal infection. Comply with the most curr	ng the first does of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy	
Prescriber name :  Office Phone:  Office Fax:  Office Email:	mmunize patients with meningocoo outweigh the risk of developing a m	X 6 months X 1 year —  ccal vaccines at least 2 weeks prior to administering teningococcal infection. Comply with the most currents with complement deficiencies.	ng the first does of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy rent National Advisory Committee on Immunization (NACI) recommendations for	
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Office Phone: Office Fax: Office Email:	mmunize patients with meningocoo outweigh the risk of developing a m	X 6 months X 1 year — cal vaccines at least 2 weeks prior to administering teningococcal infection. Comply with the most currents with complement deficiencies.	ng the first does of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy rent National Advisory Committee on Immunization (NACI) recommendations for ORDERS	
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Effective Date: 5/19/23

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Mattoon, IL 61938

Clinics Scan to: Physician Orders

Effingham, IL 62401