## Ultomiris® (ravulizumab-cwvz) Referral Form





PATIENT INFORMATION			New Referral	Updated Ref	erral Referral Renewal	
DOB: Patient Name:			Patient Phone:			
Patient Address:				Patient Em	nail:	
NKDA Allergies:			Weight (lbs/kg):		: Height:	
ICD-10 Code (required): ICD-10 Description:		Last Trea	t Treatment Date: Last 4		4 Digits SSN:	
PROVIDER INFORMATION						
Referral Coordinator Name:		Referral (	Coordinator Email:			
Ordering Provider:			NPI:			
Referring Practice Name:		Phone:		Fax:		
Practice Address:		City:		State:	Zip Code:	
Physician Preferred Method of Contact	:: Email:		Fax:		Phone:	
STANDING ORDERS  Infusion to be administered per Vivo	o protocols.	ULTOM	IIRIS ADMINISTRA	ΓΙΟΝ		
CBC every		Initial Dosing: 40 kg to 59 kg: 2,400 mg IV loading dose, followed by 3,000 mg IV maintenance 2 weeks later, then 3,000 mg every 8 weeks 60-99 kg: 2,700 mg IV loading dose, followed by 3,300 mg IV maintenance 2 weeks later, then 3,300 mg every 8 weeks 100kg or greater: 3,000mg IV loading dose, followed by 3,600mg IV maintenance 2 weeks later, then 3,300 mg every 8 weeks		Maintenance Dosing: 40kg to 59kg: 3,000m every 8 weeks 60kg to 99kg: 3,300m every 8 weeks 100kg or greater: 3,600mg IV every 8 weeks		
*Consider administering premedication fo	r prophylaxis against infusion reactions	and hyperso	ensitivity reactions. **C	order is valid for c	one year unless otherwise noted**	

## Email Referrals To: referrals@vivoinfusion.com OR Fax Below Have a Question? Call (720) 902-4111

Colorado: 303-418-4679 Michigan: 833-957-2188 New York: 800-540-1852 Texas: 469-340-0044 Connecticut: 203-724-4838 Ohio: 216-400-0674 Virginia: 804-500-5941 Minnesota: 763-290-0903 Florida: 904-930-4211 Nevada: 702-489-5744 Oklahoma: 918-770-4421 Wisconsin: 414-600-5383

Massachusetts: 781-202-1629 New Jersey: 609-955-3711 Pennsylvania: 215-399-9244