

Ultomiris® (ravulizumab-cwvz) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:	Patient Email:		
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

CBC	At each dose	Every _____
CMP	At each dose	Every _____
CRP	At each dose	Every _____
OTHER		

ULTOMIRIS THERAPY ADMINISTRATION

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 3,600mg IV every 8 weeks

Maintenance Dosing:

40kg to 59kg: 3,000mg IV every 8 weeks

60kg to 99kg: 3,300mg IV every 8 weeks

100kg or greater: 3,600mg IV every 8 weeks

REQUIRED DOCUMENTATION

Patient Demographics	Patient has had the meningococcal vaccines (both MenACWY and MenB)
Insurance Card/Information	
Progress Notes Supporting DX	Prescriber is enrolled in Ultomiris REMS program
Current Medication List and H&P	

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

Provider Name (Print) _____ Provider Signature _____ Date _____

Fax Numbers

Virginia: 804-500-5941	Nevada: 702-489-5744	Massachusetts: 800-540-1852
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244
Florida: 904-930-4211	Ohio: 216-400-0674	New York: 800-540-1852
Texas: 469-340-0044	Oklahoma: 918-770-4421	Connecticut: 203-724-4838

Have a Question? (720) 902-4111
Email Referrals To: referrals@vivoinfusion.com
Email Specialty Referrals to: info@specialtyinfusion.com