Ultomiris® (ravulizumab-cwvz) Referral Form





LABORATORY ORDERS ☐ CBC at each dose every	PATIENT INFORMATION			ferral Status:	New Referral	Updated Referra	al Referral Renewal	
NKDA Allergies: Weight (lbs/kg): Height: ICD-10 Code (required): ICD-10 Description: Last Treatment Date: Last 4 Digits SSN: PROVIDER INFORMATION Referral Coordinator Name: Referral Coordinator Email: Ordering Provider: Provider NPI: Referring Practice Name: Phone: Fax: Practice Address: City: State: Zip Code: Physician Preferred Method of Contact: Email: Fax: Phone: ULTOMIRIS THERAPY ADMINISTRATION Infusion to be administered per Vivo protocols. LABORATORY ORDERS CBC at each dose every Suevey Sweeks CRP at each dose every Sweeks OTHER Sweeks OTHER Sweeks OTHER Sweeks Hollowed by 3,000 mg IV Maintenance 2 weeks later, then 3,000 mg IV sading dose, followed by 3,000 mg IV maintenance 2 weeks later, then 3,000 mg IV sading dose, followed by 3,000 mg IV maintenance 2 weeks later, then 3,000 mg IV sading dose, followed by 3,000 mg IV weeks later, then 3,000 mg IV sading dose, followed by 3,000 mg IV sading dose, followed by 3,000 mg IV sading dose, followed by 3,000 mg IV sading later, then 3,000	DOB: Patient Name:				Patient Phone:			
CD-10 Code (required); ICD-10 Description: Last Treatment Date: Last 4 Digits SSN;	Patient Addr	ress:				Patient Email	:	
Referral Coordinator Name: Ordering Provider: Referral Coordinator Email: Ordering Provider: Referring Practice Name: Provider NPI: Fax: Phone: City: State: Zip Code: City: State: Zip Code: Code: Phone: Code: Code: Phone: Code: Code: Phone: Code: Code: Code: Code: Co	NKDA Allergies:				,	Weight (lbs/kg):	Height:	
Referral Coordinator Name: Ordering Provider: Referring Prottice Name: Provider NPI: Referring Practice Name: Provider NPI: Practice Address: City: State: Zip Code: Physician Preferred Method of Contact: Email: Fax: Phone: NURSING ULTOMIRIS THERAPY ADMINISTRATION Initial Dosing: 40 kg to 59 kg: 2,400 mg IV loading dose, CRP at each dose every loading dose, OTHER CRP at each dose every maintenance 2 weeks later, then 3,000 mg IV maintenance 2 weeks later, then 3,300 mg IV loading dose, followed by 3,000 mg IV loading dose, every 8 weeks 60-99 kg: 2,700 mg IV loading of Signification of Sig	ICD-10 Code (required): ICD-10 Description:			Last Treat	ment Date:	Last 4 Digits SSN:		
Ordering Provider: Referring Practice Name: Phone: Practice Address: City: State: Zip Code: Physician Preferred Method of Contact: Email: Fax: Phone: NURSING ULTOMIRIS THERAPY ADMINISTRATION ULTOMIRIS THERAPY ADMINISTRATION City: State: ULTOMIRIS THERAPY ADMINISTRATION Initial Dosing: 40 kg to 59 kg: 2,400 mg IV loading dose, City: State: Discriber is each dose every Solve yery Sweeks OTHER City: State: City: State: Zip Code: Phone: Maintenance D 40 kg to 59 kg: 2,400 mg IV Solve of Sige: 3, Solve of Sige: 4,00 mg IV Solve of Sige: 3, Solve of Sige: 4,00 mg IV Solve of	PROVIDER I	INFORMATION						
Referring Practice Name: Phone: Fax: Practice Address: City: State: Zip Code: Physician Preferred Method of Contact: Email: Fax: Phone: NURSING Infusion to be administered per Vivo protocols. LABORATORY ORDERS □ CBC at each dose every □ loading dose, OTHER □ CMP at each dose every □ maintenance 2 weeks later, then 3,000 mg IV maintenance 2 weeks later, then 3,000 mg IV loading dose, followed by 3,300 mg IV maintenance 2 weeks ■ OTHER □ Patient has had the meningococal vaccines (both MenACWY and MenB) Progress Notes Supporting DX Current Medication List and H&P Program □ Current Medication List and H&P Prophylaxis against Infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise reference in the solution of the prophylaxis against Infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for one year unless otherwise referred to the reactions. **Order is valid for	Referral Coordinator Name:			Referral C	Coordinator Email:			
Practice Address: City: State: Zip Code:	Ordering Provider:			Provider N	NPI:			
Physician Preferred Method of Contact: Email: Fax: Phone: NURSING	Referring Practice Name:			Phone:		Fax:		
NURSING ☐ Infusion to be administered per Vivo protocols. ☐ LABORATORY ORDERS ☐ CBC at each dose every loading dose, CRP at each dose every then 3,000 mg IV order is valid for one year unless otherwise recombination to be administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.**Order is valid for one year unless otherwise recombining to the protocols. CABORATORY ORDERS	Practice Address:			City:		State:	Zip Code:	
□ Infusion to be administered per Vivo protocols. LABORATORY ORDERS □ CBC at each dose every loading dose, loading dose, every 8 weeks of followed by 3,000 mg IV loading dose, every 8 weeks of 60-99 kg: 2,700 mg IV loading dose, every 8 weeks of 60-99 kg: 2,700 mg IV loading dose, followed by 3,000 mg IV loading dose, followed by 3,000 mg IV loading dose, followed by 3,300 mg IV loading dose, followed by 3,600 mg lovery 8 weeks later, then 3,300 mg every 8 weeks later, then 3,300 mg lovery 8 weeks later, then 3,300 mg lovery 8 weeks later, then 3,000 mg IV loading dose, followed by 3,600 mg IV loading dose, followed by 3,600 mg IV loading loadse, followed by 3,600 mg IV loading loadse, followed by 3,600 mg IV loading loadse, followed by 3,600 mg IV maintenance 2 weeks later, then 3,600 mg IV every 8 weeks later, the	Physician Preferred Method of Contact: Email:				Fax:	Ph	one:	
LABORATORY ORDERS CBC at each dose every loading dose, current Medication List and H&P				ULTOM	ULTOMIRIS THERAPY ADMINISTRATION			
	LABORATORY ORDERS CBC at each dose every every CMP at each dose every OTHER REQUIRED DOCUMENTATION Patient Demographics Patient has had the meningocod vaccines (both MenACWY and MenB) Progress Notes Supporting DX Prescriber is enrolled in Ultomin				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		60kg to 99kg: 3,300mg every 8 weeks 100kg or greater: 3,600mg IV every 8	
Provider Name (Print) Provider Signature Date	*Consider adn	ninistering premedication f	or prophylaxis against infusion reactions	and hyperse	ensitivity reactions. **C	Order is valid for one	year unless otherwise noted**	
	Provider Na	ame (Print)	Provider Sign	nature			Date	

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

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