## Ultomiris® (ravulizumab-cwvz) Referral Form





Referral Status:	New Referral	Updated Referral	Referral Renewal
		Patient Phone:	
		Patient Email:	
	\	Weight (lbs/kg):	Height:
Last Treatme	sst Treatment Date: Last 4 Digits SSN:		gits SSN:
Referral Coo	ordinator Email:		
Provider NP	l:		
Phone:		Fax:	
City:		State: Z	Zip Code:
F	ax:	Pho	ne:
ULTOMIR	IS THERAPY ADM	MINISTRATION	
	40 kg to 59 kg: 2,4 oading dose, followed by 3,000 maintenance 2 we then 3,000 mg every 8 weeks 60-99 kg: 2,700 mg oading dose, followed by 3,300 mg IV maintenance 2 we ater, then 3,300 mevery 8 weeks 100kg or greater: 3,000mg IV loading dose, followed by V maintenance 2 ater, then 3,600mg IV maintenance 2 ater, then 3,600mg IV loading dose, followed by V maintenance 2 ater, then 3,600mg	mg IV eks later, g IV wed eks ng g 3,600mg weeks	Maintenance Dosing: 40kg to 59kg: 3,000mg every 8 weeks 60kg to 99kg: 3,300mg every 8 weeks 100kg or greater: 3,600mg IV every 8 weeks
n reactions and hypersensi	itivity reactions. **C	order is valid for one yo	ear unless otherwise noted**
vider Signature			Date
	Last Treatment Referral Cooperation (Cooperation of the Cooperation of	Last Treatment Date:  Referral Coordinator Email: Provider NPI: Phone: City: Fax:  ULTOMIRIS THERAPY ADM  Initial Dosing: 40 kg to 59 kg: 2,4 loading dose, followed by 3,000 maintenance 2 we then 3,000 mg every 8 weeks 60-99 kg: 2,700 mg loading dose, follo by 3,300 mg IV maintenance 2 we ngococcal Y and every 8 weeks 100kg or greater: 3,000mg IV loading dose, followed by IV maintenance 2 we later, then 3,300 mg IV maintenance 2 we later, then 3,600m weeks	Patient Phone: Patient Email: Weight (Ibs/kg):  Last Treatment Date: Last 4 Dig  Referral Coordinator Email: Provider NPI: Phone: Fax: City: State: Z Fax: Phor  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 IV loading dose, followed by 3,300 mg IV maintenance 2 weeks 60-99 kg: 2,700 mg IV loading dose, followed by 3,300 mg IV maintenance 2 weeks 100kg or greater: 3,000mg IV loading dose, followed by 3,600mg IV maintenance 2 weeks later, then 3,600mg IV adose, followed by 3,600mg IV maintenance 2 weeks later, then 3,600mg IV every 8 weeks later, then 3,600mg IV every 8 weeks

## 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