Ultomiris® (ravulizumab-cwvz) Referral Form





ame:				
anic.	Patient Phone:			
			Patient Em	nail:
		\	Weight (lbs/kg)	: Height:
Description:	Last Trea	Last Treatment Date: Last 4 Digits SSN:		
	Referral (Coordinator Email:		
	Provider	Provider NPI:		
	Phone:		Fax:	
	City:		State:	Zip Code:
Email:		Fax:		Phone:
	ULTOM	IIRIS ADMINISTRA	TION	
Patient has had the meningococcal vaccines (both MenACWY and MenB) Prescriber is enrolled in Ultomiris REMS program		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 m; loading dose, follo by 3,300 mg IV maintenance 2 we later, then 3,300 m every 8 weeks 100kg or greater: 3,000mg IV loading dose, followed by IV maintenance 2	mg IV mg IV eeks later, g IV wed eeks 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
		ensitivity reactions.		Date
	Email: protocols. Patient has had the meningococcal vaccines (both MenACWY and MenB) Prescriber is enrolled in Ultomiris REMS program prophylaxis against infusion reactions	Referral O Provider Phone: City: Email: ULTOM protocols. Patient has had the meningococcal vaccines (both MenACWY and MenB) Prescriber is enrolled in Ultomiris REMS program	Referral Coordinator Email: Provider NPI: Phone: City: Email: Fax: ULTOMIRIS ADMINISTRA' protocols. 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 m loading dose, folloby 3,300 mg IV maintenance 2 we later, then 3,300 mg lv with maintenance 2 we later, then 3,300 mg IV maintenance 2 we later, then 3,300 mg IV maintenance 2 we later, then 3,300 mg IV maintenance 2 later, then 3,600m weeks Prescriber is enrolled in Ultomiris REMS program Provider Signature Provider Signature	Referral Coordinator Email: Provider NPI: Phone: Fax: City: State: Email: Fax: ULTOMIRIS ADMINISTRATION Protocols. 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 3,000 mg IV loading dose, followed by 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 100kg or greater: 3,000mg IV loading dose, followed by 3,600mg IV maintenance 2 weeks later, then 3,600mg IV every 8 weeks

New Jersey: 609-955-3711

New York: 800-540-1852

Ohio: 216-400-0674

Oklahoma: 918-770-4421

Texas: 469-340-0044

Pennsylvania: 215-399-9244

Massachusetts: 781-202-1629

Michigan: 833-957-2188

Minnesota: 763-290-0903

Colorado: 303-418-4679

Florida: 904-930-4211

Connecticut: 203-724-4838

Virginia: 804-500-5941

Wisconsin: 414-600-5383

^{**}Order is valid for one year unless otherwise noted.**