

INFUSION & MEDICAL CENTER

1. Patient Name _____ **DOB** _____ **Patient Phone/Cell #** _____

Patient demographic and insurance information to be faxed with Infusion Order Form

2. Medical Information (Please select primary diagnosis and complete ICD10 Code):

Primary Diagnosis: _____ Atypical hemolytic uremic syndrome (aHUS) ICD-10 Code: D59.3 _____
 _____ Paroxysmal nocturnal hemoglobinuria (PNH) ICD-10 Code: D59.5 _____
 _____ Other: _____ ICD-10 Code: _____
 Allergies: _____ (or attach list)

3. Clinical Information – Please fax with Infusion Order Form:

- Clinical MD Notes, labs, test supporting primary diagnosis
 - Patient has had the appropriate meningococcal vaccines ☐ YES ☐ NO
 - Prescriber is enrolled in Ultomiris REM Program ☐ YES ☐ NO
 - Was the patient previously receiving Soliris ☐ YES ☐ NO
- If yes, what was the date of the last dose infuse: _____

Patient
Weight: _____ lbs.
Height: _____ in.

Lab Orders: _____

ULTOMIRIS® (ravulizumab-cwvz)

J Code: J1303

4. Drug Order:

PNH _____ # Refills (ecommend 5)

☐ **Initial Dose:** Infuse _____ mg initially followed by _____ mg 2 weeks later and then every 8 weeks thereafter

☐ **Maintenance Dose:** Infuse _____ mg every 8 weeks

aHUS _____ # Refills (ecommend 5)

☐ **Initial Dose:** Infuse _____ mg initially followed by _____ mg 2 weeks later
 and then every ☐ 4 weeks ☐ 8 weeks thereafter

☐ **Maintenance Dose:** Infuse _____ mg every ☐ 4 weeks ☐ 8 weeks thereafter

Pre-Medication Orders: Acetaminophen 650 mg PO administered 30 min. prior to infusion *Adjust to patient's needs

☐ Other: _____

Adverse Drug Reaction Protocol: Manage any adverse reaction that may occur per approved ADR Protocol.

By signing this form and utilizing these services, I am authorizing Intramed Plus
 to serve as my prior authorization agent with medical and pharmacy insurance providers.

5. Physician Signature: _____ / _____ Date: _____

Dispense as written

Substitution permitted

Printed Physician's Name: _____ Contact Phone #: _____

FAX ALL INFORMATION
CENTRAL FAX 803.999.1754

CENTRAL INTAKE PHONE
803.999.1750