



**Checklist for Ultomiris (ravulizumab) Referral**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Office Contact/Title/Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Best contact number for physician in case of reaction: \_\_\_\_\_

*Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.*

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). \*Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
  - Note should include any therapies tried/failed, and must include discussion about Ultomiris
  - Medication list and allergies
- Supporting lab reports/imaging for Ultomiris treatment
- Ultomiris Prescribing Order (see attached)

**-- We will obtain prior authorization and schedule your patient as soon as possible --**

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**Fax all information to our Infusion Coordinator: 508-698-8671**

Call with any questions: 781-551-5812 option 4

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Visit our website: [www.InfusionCenterNE.com](http://www.InfusionCenterNE.com)

Email: [info@infusioncenterNE.com](mailto:info@infusioncenterNE.com)

**Infusion Center of New England**  
9 Payson Road, Suite 100, Foxboro MA 02035  
Ph: 781-551-5812  
Fax: 508-698-8671



**Prescribing Order: Ultomiris (ravulizumab)**

Date of Order: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Diagnosis (include ICD-10 code/s): \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

**Premedication:**

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen 1000mg PO               | <input type="checkbox"/> Diphenhydramine 25mg IV |
| <input type="checkbox"/> Loratadine 10mg or Cetirizine 10mg PO | <input type="checkbox"/> Solu-medrol 125mg IV    |
| <input type="checkbox"/> Diphenhydramine 25mg PO               | <input type="checkbox"/> Other: _____            |

**Lab Orders:**

\_\_\_\_\_

**Ultomiris Medication Order**

✓ Ultomiris IV dosing per table:

| Body Weight | Loading Dose | Maintenance Dose |
|-------------|--------------|------------------|
| 40 – 60kg   | 2400mg       | 3000mg           |
| 60 – 100kg  | 2700mg       | 3300mg           |
| >100kg      | 3000mg       | 3600mg           |

✓ Dilute Ultomiris in 0.9% Sodium Chloride for a final concentration of 5mg/ml and infuse via 0.22 micron filter at appropriate rate per weight per manufacturer medication guidelines

Frequency:  Loading Dose     Maintenance at week 2 and every 8 weeks  
 Every 8 weeks

**Administration:**

- ✓ Do not administer if patient has active signs or symptoms of infection.
- ✓ In case of infusion reaction, STOP infusion and follow NCNE infusion reaction protocol. Notify physician.

Ordering Provider Name

NPI

Signature

Date