

Referral Status:	MRN:
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change
<input type="checkbox"/> Order Renewal	
Patient preferred clinic:	

# Ultomiris™ (ravulizumab) Standard Plan of Treatment

## PATIENT DEMOGRAPHICS:

Date of Referral:	Patient's Phone:
Patient Name:	Address:
Date of Birth:	City, State, Zip:
Height in inches:	Weight: LB or KG
Gender:	Allergies:
<input type="checkbox"/> See list	<input type="checkbox"/> NKDA

## DIAGNOSIS: (PLEASE COMPLETE 2<sup>ND</sup> AND 3<sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)

D59.5 - Paroxysmal nocturnal hemoglobinuria	G70.01 - Myasthenia Gravis without acute exacerbation
D59.3 - Hemolytic Uremic Syndrome	G70.00 - Myasthenia Gravis without acute exacerbation
- Other:	

## REQUESTED DOCUMENTATION: PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

1 Insurance information	IF NO:	IF YES:
2 Most recent History & Physical	PLEASE STATE	LAST INFUSION DATE:
3 Full medication list	REQUIRED WASHOUT	NEXT INFUSION DATE:
4 Tried and failed therapies	FROM PREVIOUS	
5 Documentation of meningococcal vaccine 2 weeks prior to start of therapy <i>or</i>	THERAPY:	
		<b>Continue current order until insurance approved</b>

## MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive ravulizumab if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, presents with any symptoms of meningococcal infections, and/or surgery.

### PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED

IV	Diphenhydramine	25mg	50mg	Other:	PO	Acetaminophen	325mg	500mg	650mg	1000mg
	Methylprednisolone	40mg	125mg			Famotidine	20mg	40mg		
	Famotidine	20mg	40 mg			Diphenhydramine	25mg	50mg		
	Other:					Fexofenadine	60mg	180mg		
					Cetirizine	10mg				
					Loratadine	10mg				
					Other:					

## MEDICATION:

Ultomiris™ (ravulizumab) to be diluted in NS. Infused via IV per protocol.

## DOSE: FREQUENCY:

Dosage based on the following guidelines from the FDA package labeling.

Loading dose at week 0 followed by maintenance dose at week 2 and every 8 weeks thereafter

Patient Body Weight	Initial Dose	Maintenance Dose/Interval
40kg to less than 60kg	2400mg	3000mg
60kg to less than 100kg	2700mg	3300mg
100kg or greater	3000mg	3600mg

every 8 weeks

Maintenance dosing every 8 weeks

Other: \_\_\_\_\_

## SPECIAL/LAB ORDERS

Other: \_\_\_\_\_

**Follow each infusion with a 1-hour post observation.**

Ultomiris™ (ravulizumab) is restricted to credentialed prescribers enrolled in the Ultomiris (REMS) program.

Refills x 12 months unless noted otherwise here:

## LINE USE/CARE ORDERS: ADVERSE REACTION & ANAPHYLAXIS ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



## PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

## PRESCRIBER SIGNATURE: (No stamp signatures) DATE:

Dispense as written/Brand medically necessary	Substitution permitted	



# Palmetto

## INFUSION

Checklist for referrals to Palmetto Infusion:

Fax referral to 1.866.872.8920

- Patient demographics – address, phone number, SS#, etc.**
- Insurance Information – copy of the card(s) if possible**
- Plan of Treatment/Orders**
- Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs.**
- Any lab results or other diagnostic procedures to support the diagnosis**

Palmetto Infusion will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility.

Our office will notify you if any further information is required.

We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. Palmetto Infusion Call Center 800.809.1265. Thank you for the referral.

[www.PalmettoInfusion.com](http://www.PalmettoInfusion.com)