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1428 36th Street  
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Brooklyn, NY 11218

**Crown Heights**  
555 Lefferts Avenue  
Brooklyn, NY 11225

**Manhattan**  
57W 57Street  
Suite 601  
New York, NY 10019

**Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030

**Rockville Centre**  
165 North Village Avenue  
Suite 133  
Rockville Center, NY 11570

**Elmsford/Terrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523

**NYC Central Park West**  
115 Central Park West  
Suite 15  
New York, NY 10023

**Woodbury**  
75 Froehlich Farm  
Woodbury, NY 11797

**Staten Island**  
27 New Dorp Lane  
Staten Island, NY 10306



**I N F U S I O N**  
Office: 212-803-3339 Fax: 646-768-8600



**Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021

**Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375

**Manhattan**  
225 East 70th Street  
New York, NY 10021

**Holbrook/Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741

**Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583

**5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559

**Long Beach**  
917 Beech Street  
Long Beach, NY 11561

**Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

**Bronx**  
226 West 238th Street  
Bronx, NY 10463

# Ravulizumab-cwvz (Ultomiris)

## Infusion orders

Date: \_\_\_\_\_

### PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

### REFERRAL STATUS

New Referral  Referral Renewal  Medication/Order Change  Benefits Verification Only  Discontinuation Order

### PHYSICIAN INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

### DIAGNOSIS (and ICD 10 code)

- Myasthenia gravis without (acute) exacerbation ICD-10 Code: G70.00
- Myasthenia gravis with (acute) exacerbation ICD-10 Code: G70.01
- Other disorders of phosphorus metabolism ICD 10 Code: D59.5  
Neuromyelitis Optica (NMO), Aquaporin 4 Antibody Positive  
ICD 10 Code: G36.0
- Hemolytic-uremic syndrome (aHUS) ICD 10 Code: D59.3

**NOTE**  
**List Tried & Failed Therapies, including duration of treatment:**

1)  
2)

Immunize patients with meningococcal vaccines at least 2 weeks prior to administering the first dose of ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risk of developing a meningococcal infection. Comply with the most current National Advisory Committee on Immunization (NACI) recommendations for meningococcal vaccination in patients with complement deficiencies.

### Ravulizumab-cwvz (Ultomiris) ORDERS

- Initial Dosing**
- 2,400 mg IV (40k to less than 60kg)
  - 2,700 mg IV(60k to less than 100 kg)
  - 3,000 mg IV (100k or greater kg)
- Maintenance Dosing**
- 3,000 mg (40k to less than 60kg) IV every 8 weeks starting 2 weeks after initial load
  - 3,300 mg (60k to less than 100 kg) IV every 8 weeks starting 2 weeks after initial load
  - 3,600 mg (100k or greater kg) IV every 8 weeks starting 2 weeks after initial load
- Refills\*: None  X6 months  X1 year  Other: \_\_\_\_\_  
\*(if not indicated order will expire one year from date signed)

### REQUIRED DOCUMENTATION:

- This signed order form by the provider
  - Patient demographics AND insurance information
  - Clinical/Progress notes supporting primary dx
  - Acetylcholine Receptor Antibody Test Results (if Myasthenia Gravis)
  - Documentation of meningococcal vaccines
- Is your patient enrolled in the Ultomiris-REMS program?  YES  N  
Is the ordering PROVIDER enrolled in the Ultomiris-REMS program?  YES  N (if no, must be enrolled to start therapy)

### ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_