

Ravulizumab-cwvz (Ultomiris)

Provider Order Form rev. 1/26/2026



- Saint Cloud, FL
- Lake Mary-Sanford, FL
- Nashville, TN
- Gallatin, TN

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____

ICD-10 code (required): _____ ICD-10 description: _____

NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- Providenursing care per IVCare Infusion's Nursing Procedures, including reaction management and post-procedure observation
- Meningococcal vaccination (both conjugate and serogroup B) required prior to initiating Ultomiris infusions.
- Check here if patient has already received vaccines. Fax or attach documentation of administered vaccines.
- Check here for IVCare to administervaccinesasoutlined below.

IVCare Infusion WILL ADMINISTER BOTH VACCINES AS OUTLINED BELOW.

Meningococcal conjugate (MenACWY) vaccine

(Patient will be given either Menactra or Menveo vaccine based on availability and will receive **two doses separate by at least eight weeks**. Menactra and Menveo are not interchangeable and patient will receive same product for all doses in a series.)

Serogroup B Meningococcal (MenB) vaccine

(Patient will be given Bexsero or Trumenba vaccine based on availability and will receive either the two-dose series Bexsero at least one month apart or three-dose series Trumenba at 0, 1-2, and 6 months. Bexsero and Trumenba are not interchangeable and patient will receive same product for all doses in a series.)

PRE-MEDICATION ORDERS

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
 - cetirizine (Zyrtec) 10mg PO
 - loratadine (Claritin) 10mg PO
 - diphenhydramine (Benadryl) 25mg / 50mg PO / IV
 - methylprednisolone (Solu-Medrol) 40mg / 125mg IV
 - hydrocortisone (Solu-Cortef) 100mg IV
 - Other: _____
- Dose: _____ Route: _____ Frequency: _____

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- Other: _____

THERAPY ADMINISTRATION

- Ravulizumab-cwvz** (Ultomiris) in 0.9% sodium chloride, intravenous infusion

Indication (Choose one) PNH aHUS gMG

- Dose: Induction** (Choose one) If patient has already completed induction dose, proceed to maintenance dose.
 - 2,400mg (40kg-less than 60kg)
 - 2,700mg (60kg-less than 100kg)
 - 3,000mg (100kg or greater)
- Dose: Maintenance:** (Choose one) Starting 2 weeks after the loading dose and every 8 weeks thereafter.
 - 3,000mg (40kg-less than 60kg)
 - 3,300mg (60kg-less than 100kg)
 - 3,600mg (100kg or greater)
- Infuse over 35 min. in adults & 1-4 hours in pediatric patients
 - For all doses, dilute to a final concentration of 5mg/ml in an infusion bag using 0.9% sodium chloride
 - Infuse through 0.2 or 0.22 micron filter
- Patient is required to stay for 60 min. observation
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

Provider Name (Print)

Provider Signature

Date

TN

NASHVILLE

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