



(Ravulizumab-cwvz)

Ultomiris infusion orders

Patient Name _____

DOB _____

Phone Number _____

M ____ F ____

DIAGNOSIS *Please provide ICD-10 code*

- _____ generalized Myasthenia Gravis
- _____ Atypical hemolytic uremic syndrome
- _____ Paroxysmal nocturnal hemoglobinuria

PRE-MEDICATIONS

- Acetaminophen 1000mg PO
- Diphenhydramine 25mg PO
- Cetirizine 10mg PO
- _____ (other)
- Solu-Medrol 125mg IVP
- Solu-Cortef 100mg IVP
- Diphenhydramine 25mg IVP
- _____ (other)

Ultomiris (Ravulizumab-cwvz) ORDERS

DOSAGE & FREQUENCY

Indication

- PNH
- aHUS
- gMG

Induction dosing

- 2,400mg once (40kg to <60kg)
- 2,700mg once (60kg to <100kg)
- 3,000mg once (100kg or greater)

Maintenance dosing: starting 2 weeks after the loading dose & every 8 weeks thereafter

- 3,000mg (40kg to <60kg)
- 3,300mg once (60kg to <100kg)
- 3,600mg once (100kg or greater)

Patient Weight

_____ lbs

_____ kg

ORDERING PROVIDER

Signature _____ Phone _____ Fax _____

Provider _____ Date _____