

Address: 12144 Dairy Ashford Rd., Suite 100
Sugar Land, TX 77478

T: 832.939.8137

F: 832.939.8128

PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____
Sex: Male ___ Female ___ Weight: ___ lbs Height: _____ Social Security: _____
Address: _____ City: _____ State: _____ Zip Code: _____

INSURANCE INFORMATION: PLEASE ATTACH COPY OF PRESCRIPTION /MEDICAL CARD(S), FRONT AND BACK

MEDICAL INFORMATION

Diagnosis: ___ Paroxysmal nocturnal hemoglobinuria (PNH) ICD-10 Code: _____
___ Atypical hemolytic uremic syndrome (aHUS) ICD-10 Code: _____
___ Other: _____ ICD-10 Code: _____

Patient Weight: _____ lbs. Allergies: _____

___ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis and including past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy.

Lab Orders: _____

ULTOMIRIS INFUSION ORDERS

PNH and aHUS Diagnosis:

Initial dosing with maintenance (new patients):

- ___ 40kg to 59kg - 2,400mg IV loading dose, followed by 3,000mg IV maintenance 2 weeks later, then 3,000mg IV every 8 weeks
___ 60kg to 99kg - 2,700mg IV loading dose, followed by 3,300mg IV maintenance 2 weeks later, then 3,300mg IV every 8 weeks
___ 100kg or greater - 3,000mg IV loading dose, followed by 3,600mg IV maintenance 2 weeks later, then 3,600mg IV every 8 weeks

Maintenance dosing:

- ___ 40kg to 59kg - 3,000mg IV every 8 weeks
___ 60kg to 99kg - 3,300mg IV every 8 weeks
___ 100kg or greater - 3,600mg IV every 8 weeks

Required:

- ___ Yes ___ No - Patient has had the meningococcal vaccines (both MenACWY and MenB)
___ Yes ___ No - Prescriber is enrolled in Ultomiris REMS Program

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing DeliverIt Pharmacy and its employees to serve as your prior authorization and specialty pharmacy designated agent in dealing with medical and prescription insurance companies.

Physician Signature: _____

Physician Name: _____

Date: _____

Phone: _____

Fax: _____

Contact Person: _____

