Please fax both pages of completed form to your team at 866.233.7151.

To reach your team, call toll-free 866.820.4844.

You can now monitor shipments and chat online if you have questions. Go to MyAccredoPatients.com to log in or get started.

Prescription & Enrollment Form

Ultomiris® (ravulizumab)

accredo®

Four simple steps to submit your referral.

1 Patient Information

Please provide copies of front and back of all medical and prescription insurance cards.

☐ New patient ☐ Current patient

Patient's first name _____ Last name _____ Middle initial _____

☐ Male ☐ Female Last 4 digits of SSN _____ Date of birth _____

Street address _____ Apt # _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ E-mail address _____

Parent/guardian (if applicable) _____

Home phone _____ Cell phone _____ E-mail address _____

Alternate caregiver/contact _____

Home phone _____ Cell phone _____ E-mail address _____

☐ OK to leave message with alternate caregiver/contact

Patient's primary language: ☐ English ☐ Other If other, please specify _____

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Date _____ Time _____ Date medication needed _____

Prescriber info: Prescriber's first name _____ Last name _____

Prescriber's title _____ If NP or PA, under direction of Dr. _____

Office phone _____ Fax _____ NPI # _____ License # _____

Office contact and title _____ Office contact e-mail _____

Office street address _____ Suite # _____

City _____ State _____ Zip _____

Infusion location: ☐ Patient's home ☐ Prescriber's office ☐ Infusion site If infusion site, complete information below:

Infusion info: Infusion site name _____ Clinic/hospital affiliation _____

Site street address _____ Suite # _____

City _____ State _____ Zip _____

Infusion clinic contact name _____ Phone _____ E-mail _____

3 Clinical Information

Primary ICD-10 code (REQUIRED): ☐ **D59.5 PNH** ☐ **D59.3 aHUS** ☐ **Other** _____

Weight _____ kg/lbs Height _____ cm/in Date recorded _____

☐ NKDA ☐ Known drug allergies _____

Concurrent meds _____

Adverse reactions with previous Ultomiris treatments? _____

Date of last Meningitis shot _____

Patient's first name _____ Last name _____ Middle initial _____ Date of birth _____

Prescriber's first name _____ Last name _____ Phone _____

4 Prescribing Information

Medication	Dose	Directions	Quantity/Refills
☐ Ultomiris® (ravulizumab)	☐ 1,100mg/11mL vial (100mg/mL) ☐ 300mg/3mL vial (100mg/mL)	☐ Loading dose: Begin _____mg IV on day 1 **Then 2 weeks later** ☐ Maintenance dose: Begin _____mg IV every 8 weeks ☐ Other directions, please list here: _____	Loading dose: ☐ Quantity sufficient ☐ No refills Maintenance dose: ☐ 8-week supply ☐ Other _____ Refills _____
Dilution and infusion rate	☐ Loading dose: ☐ Dilute Ultomiris with Normal Saline as directed per manufacturer guidelines to a final concentration of 5mg/mL ☐ **Infusion rate:** As directed per manufacturer guidelines _____ ☐ If different, list here _____ ☐ Maintenance dose: ☐ Dilute Ultomiris with Normal Saline as directed per manufacturer guidelines to a final concentration of 5mg/mL ☐ **Infusion rate:** As directed per manufacturer guidelines _____ ☐ If different, list here _____		

☐ Other instructions: _____

Complete the below section if assistance from Accredo is requested in the coordination of your patient's infusion therapy

Is Accredo home nursing service requested: ☐ Yes ☐ No Vascular access: ☐ Peripheral ☐ Central ☐ Port

☐ Prescriber, please check here to authorize ancillary supplies such as needles, syringes, IV tubing, etc. to administer Ultomiris. ☐ Prescriber, please check here to authorize prescription items needed and directions for use to home administer Ultomiris such as: Sodium Chloride 0.9% 500mL (for dilution of 10mg/mL vial) Note: A different size bag could be dispensed depending on stock availability. ☐ **PERIPHERAL Access**: Sodium Chloride 0.9% flushes 10mL: Flush with 3mL before and after infusion or as needed for line patency. ☐ If different, please list here _____ ☐ **PORT/CENTRAL Access**: Sodium Chloride 0.9% flushes 10mL: Flush with 5mL before and after infusion or as needed for line patency. Heparin flushes 10 units/mL 5mL: Flush with 5mL as needed for final flush. ☐ If different, please list here _____	Quantity: Quantity sufficient for medication days supply Refills: Quantity sufficient for medication days supply

Is your patient new to therapy? ☐ Yes ☐ No

NOTE: The first or initial Ultomiris dose must be administered in a medical facility for patients who are new to therapy. After that, subsequent doses can be home infused.

Initial infusion location name: _____ Initial infusion location phone number: _____

Medicate with: ☐ Epipen/Epinephrine 0.3mg Auto Injector – Inject dose per packaging for anaphylaxis (patient weighs greater than or equal to 30kg) **OR** ☐ Epipen/Epinephrine JR 0.15mg/0.3mL Auto Injector – Inject dose per packaging for anaphylaxis (patient weighs 15kg to 29kg)	Quantity: Quantity sufficient for medication days supply Refills: Quantity sufficient for medication days supply
Premedications: Prescriber, please list any premedication(s) you want your patient to have. ☐ None Drug _____ Directions _____ Drug _____ Directions _____	

Nursing Orders _____

Lab Orders _____

☐ Skilled nursing visit as needed to establish venous access, administer medication and assess general status and response to therapy. If nursing services will be required for therapy administration, the home health nurse will call for additional orders per state regulations.

If shipped to physician's office, physician accepts on behalf of patient for administration in office.

Prescriber's signature required (sign below) (Physician attests this is his/her legal signature. NO STAMPS)

SIGN HERE

_____ **Date** _____ **Dispense as written** _____ **Date** _____ **Substitution allowed**

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

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