



PATIENT INFORMATION

Demographics attached

Patient Name: _____ DOB: _____ Phone: _____

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, and Tests supporting primary diagnosis and including past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy

Lab Orders: _____

ULTOMIRIS 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

ADDITIONAL ORDERS/COMMENTS

PHYSICIAN INFORMATION

By signing this form and utilizing our services, you are authorizing *At Your Service Anesthesia, Inc.*, 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: _____