



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, 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 Paragon Healthcare, 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: _____ Date: _____

Physician Name: _____

Phone: _____ Fax: _____ Contact Person: _____

INFUSION CENTER LOCATIONS

Phone: 877-365-5566
Fax: 855-889-2946

Texas

- Arlington Austin Dallas Houston North Hills
- Plano Round Rock San Antonio Stone Oak

Tennessee

- Knoxville

Georgia

- Atlanta