

# Inebilizumab-cdon (Uplizna)

Provider Order Form rev. 12/01/2021



## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_

**Patient Status:**  New to Therapy  Continuing Therapy Next Due Date (if applicable): \_\_\_\_\_

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ICD-10 CODE

- G36.0 Neuromyelitis optica spectrum disorder (NMOSD)
- Other: \_\_\_\_\_

## MEDICATION ORDER

- Inebilizumab-cdon (Uplizna) intravenous infusion
  - Induction:
    - Dose: 300mg in 250ml 0.9% sodium chloride
    - Frequency: on Day 1 and Day 15
    - Rate: Start at 42ml/hr x30 min, 125ml/hr x 30 min, then 333ml/hr for remainder of infusion
    - Duration should be approximately 90 minutes
    - Administer through an intravenous line containing a sterile, low-protein binding 0.2 or 0.22 micron in-line filter.
    - After induction, continue with maintenance dosing below
  - Maintenance:
    - Dose: 300mg in 250ml 0.9% sodium chloride
    - Frequency: every 6 months from the first infusion
    - Rate: Start at 42ml/hr x30 min, 125ml/hr x 30 min, then 333ml/hr for remainder of infusion
    - Duration should be approximately 90 minutes
    - Administer through an intravenous line containing a sterile, low-protein binding 0.2 or 0.22 micron in-line filter.
- Flush with 0.9% sodium chloride at the completion of infusion
- Patient required to stay for 60-min observation post infusion
- Refills:  Zero /  for 12 months /  \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

\_\_\_\_\_  
**Provider Name (Print)** **Provider Signature** **Date**

## REQUIRED DOCUMENTATION

- Recent Office notes (along with any therapies tried and outcomes)
- Lab Results
- Insurance Cards (front and back)
- Current Medication
- Demographic Sheet
- History and Physical Report

## ATTACH REQUIRED LAB RESULTS (FOR NEW REFERRALS ONLY)

- ANA (SLE)
- Comprehensive Metabolic Panel, CBC with differential w/in past 3 months