

Uplizna (Inebilizumab-cdon)

Provider Order Form rev. 4/10/2022

PATIENT INFORMATION

Referral Status (check one): New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____

NKDA Allergies: _____ Weight _____ Please specify: lbs kg Height: _____

Patient Status (check one): New to Therapy Continuing Therapy | Last Treatment Date: _____ Next Due Date: _____

ICD-10 code (required): _____ ICD-10 description: _____

REQUIRED: Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

PRESCRIPTION

NURSING

- Provide nursing care per AdaptIV infusion Nursing Procedures, including reaction management & post-procedure observation
- Tuberculosis status & date (list results & attach clinicals) _____
- Quantitative serum immunoglobulin (list results & attach clinicals) _____
- Hepatitis B status & date (list results & attach clinicals) _____

PRE-MEDICATION ORDERS (REQUIRED)

- acetaminophen [Tylenol] 650mg PO
- diphenhydramine 50mg PO
- methylprednisolone [Solu-Medrol] 125mg IV

PRE-MEDICATION ORDERS (OPTIONAL)

- cetirizine [Zyrtec] 10mg PO
 - loratadine [Claritin] 10mg PO
 - famotidine [Pepcid] 20mg PO
 - Other: _____
- Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

- 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 x 30 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 infusion completion
- 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)

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

Provider Name (Print) _____

Provider Signature _____

Date _____