

Uplizna Infusion Order

(Inebilizumab-cdon)



InfusionForHealth.com
Ph: 888-777-1945 | Fax: 805-852-2636

Date: _____ Treatment Location: _____

***Please fax a copy of the following patient information:**

- Demographics Insurance Information Current Medications
 Current CBC & CMP Hep B Results TB Results
 Recent Office Notes (AQP4) Antibody Positive Labs

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Allergies: _____

Weight: _____ lbs / kg Height: _____

Diagnosis: _____

ICD-10: _____

PROVIDER INFORMATION

Printed Provider's Name: _____

Signature: _____

NPI: _____ Date: _____

Phone: _____ Fax: _____

Office Address: _____

Contact Person: _____

Contact Email: _____

PRE-MEDICATIONS:

(30 minutes before infusion)

Solu-Medrol: IV 125mg

Diphenhydramine: PO IV 25mg 50mg

Acetaminophen: PO 500mg 650mg

UPLIZNA (INEBILIZUMAB-CDON) DOSAGE:

Date of Last Treatment, If Continuation: _____

UPLIZNA IV LOADING DOSAGE

- 300 mg in 250 mL 0.9% Sodium Chloride
on day 1 and day 15

UPLIZNA IV MAINTENANCE DOSAGE

- 300 mg in 250 mL 0.9% Sodium Chloride
6 months after loading dose,
then every 6 months