

# Uplizna Infusion Order

(Inebilizumab-cdon)



Ph: 805-719-3700 | Fax: 805-852-2636

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Treatment Location: \_\_\_\_\_

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demographics        | <input type="checkbox"/> Insurance Information         | <input type="checkbox"/> Current Medications |
| <input type="checkbox"/> Current Labs        | <input type="checkbox"/> Hep B Labs                    | <input type="checkbox"/> TB Labs             |
| <input type="checkbox"/> Recent Office Notes | <input type="checkbox"/> (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: \_\_\_\_\_

## PRE-MEDICATIONS:

(30 minutes before infusion)

Solu-Medrol:  IV  80mg  125mg

Diphenhydramine:  PO  IV  25mg  50mg

Acetaminophen:  PO  500mg  650mg

## UPLIZNA (INEBILIZUMAB-CDON) DOSAGE:

### UPLIZNA IV LOADING DOSAGE

200 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