Uplizna

INFUSION FOR HEALTH

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

Date: ____________________ Treatment Location: ____________________

PROVIDERS: Please include the following to expedite the order.

Demographics and insurance. Relevant, recent office notes including tried and failed meds. Current medication list
Current Labs: TB, Hep B, CBC with diff, IgG, AQP4 antibody

PATIENT INFORMATION

Patient Name: ____________________

Patient Contact Number: ____________________

DOB: ____________________

Allergies: ____________________

Weight: __________ lbs / kg Height: __________

Diagnosis: ☐ G36.0 NMOSD

Other Dx/ICD10: ____________________

PRESCRIBER INFORMATION

Prescriber's Name: ____________________

Signature: ____________________

NPI: __________ Date: __________

Phone: __________ Fax: __________

Office Address: ____________________

Contact Person: ____________________

Contact Email: ____________________

TB Test Date: Result: Hep B Date: Result:

PREMEDS

(30 minutes before infusion)

Solu-Medrol:		☐ IV	☐ 125mg	OR	Dexamethasone ☐ IV	☐ 10mg
Diphenhydramine:	☐ PO	☐ IV	☐ 25mg	☐ 50mg		
Acetaminophen:	☐ PO		☐ 500mg	☐ 650mg		

Center will use Hypersensitivity protocol established by Infusion for Health and P.I.

UPLIZNA (INEBILIZUMAB-CDON) DOSAGE:

Date of Last Treatment, If Continuation:

UPLIZNA IV LOADING DOSAGE

☐ **300 mg**
on day 1 and day 15

UPLIZNA IV MAINTENANCE DOSAGE

☐ **300 mg**
6 months after first dose,
then every 6 months

To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

☐ Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

Revised 09/08/23