Health Care Medical Infusion Specialties
An Access Infusion Care Company

UPLIZNA (INEBILIZUMAB-CDON) ORDERS

PATIENT INFORMATION		PRESCRIBER INFORMATION
Patient Name: _____		Prescriber Name: _____
Address: _____		NPI: _____
City, State, Zip: _____		Address: _____
Cell: _____	Email _____	City, State, Zip: _____
Height _____ Weight _____		Phone: _____ Fax: _____
Last 4 of SSN: _____ DOB: _____		Contact Person: _____
Allergies: _____		

REFERRAL STATUS

☐ New Referral	Is this the first dose? Yes ☐ No ☐
☐ Dose or Frequency Change	If no, date of last infusion _____
☐ Continuation Order	Line type: ☐ PIV ☐ PICC ☐ Port ☐ Other

DIAGNOSIS (MUST SELECT ONE)

☐ D89.84 – Immunoglobulin G4 Related Disease	☐ G36.0 Neuromyelitis optica
☐ G70.00 Myasthenia gravis without (acute) exacerbation	☐ G70.01 Myasthenia gravis with (acute) exacerbation
☐ ICD-10 CODE: _____	

REQUIRED DOCUMENTATION

This signed order form by the provider	Prior Therapies: _____
Patient demographics AND insurance information H&P labs, tests, and progress notes supporting diagnosis	gMG ONLY Has the patient ever tested positive for AChR antibodies? ☐ Yes ☐ No gMG ONLY Has the patient ever tested positive for MuSK antibodies? ☐ Yes ☐ No NMOSD ONLY Has the patient ever tested positive for AQP4 antibodies? ☐ Yes ☐ No gMG ONLY MG-ADL score ____ MGFA clinical classification (I, II, III, IV, V) _____
Hepatitis Screening ☐ Positive ☐ Negative Date: _____	
TB Screening ☐ Positive ☐ Negative Date: _____	

PRESCRIBING INFORMATION

Medication	Dose/Strength	Directions	Quantity
☐ Inebilizumab-cdon (Uplizna)	100 mg/ 10 ml	☐ Initiation Infuse 300 mg in 250 ml NS IV over 90 minutes x 1 dose, repeat dose on day 15	6 vials
		☐ Maintenance Starting 6 months from day 1, Infuse 300 mg in 250 ml NS IV over 90 minutes every 6 months	3 vials Refill x 1
Observation		Observe patients for a minimum of 60 minutes post infusion	
☐ Acetaminophen		☐ 650 mg ☐ 1000 mg po prior to infusion	
☐ Diphenhydramine		☐ 25 mg PO ☐ 50 mg PO ☐ 25 mg IV ☐ 50 mg IV prior to infusion	
☐ Methylprednisolone		☐ ____ mg ☐ 100 mg ☐ 125 mg ☐ 1000 mg IV prior to infusion	
☐ Other			
☐ Lab Work every _____		☐ CMP ☐ CBC w dif ☐ CRP ☐ Sed Rate ☐ Vitamin D ☐ Vitamin B12 ☐ Immunoglobulins A,G,M subset panel lymphocytes ☐ Hepatitis panel ☐ Serum Pregnancy	
For PIV flush 3-10 mL 0.9% NS before and after			
For PICC/Midline flush 10 mL 0.9% NS before/after, then 3 mL Heparin 10 units/mL final flush			
For Port flush 10 mL 0.9% NS before/after, then 5 mL Heparin 100 units/mL final flush			
Using 50 ml 0.9% NS bag flush residual priming volume post infusion			

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline
RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration
RN to flush and lock VAD/CVAD per company protocol
Other:_____

EMERGENCY MEDICATION

Administer the following medications as needed for infusion-related reactions per company protocol:
Adults (>40 kg): Diphenhydramine 25–50 mg PO or IV slow push (2–5 min); Acetaminophen 325–650 mg PO; Methylprednisolone 125 mg IV slow push (≥5 min); Epinephrine 0.3 mg IM/SQ, may repeat ×1; 0.9% NS 500 mL IV over 30–60 min, may repeat ×1 for hypotension.
Oxygen (AIC/AIS only): 1–6 L/min via NC or face mask; titrate to maintain SpO_2 95–100%.

Prescriber Signature X: _____ X: _____
Product Substitution Permitted: ☐ Date: _____ Dispense as Written: ☐ Date: _____

Print, complete and fax this form to: (769) 233-8051