

# Uplizna (Inebilizumab-cdon)

## 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

- 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