

Inebilizumab-cdon (Uplizna)

Provider Order Form rev. 10/30/2023

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____ Patient Phone: _____
Patient Address: _____ Patient Email: _____
Allergies: NKDA Weight (lbs/kg): _____ Height (in/cm): _____
Sex: M / F Date of Last Infusion: _____ Next Due Date: _____ Preferred Location: _____

DIAGNOSIS (Please provide ICD-10 code in space provided)

Neuromyelitis Optica spectrum disorder with AQP4 positive antibodies: _____
Other: _____ Description: _____

THERAPY ADMINISTRATION & DOSING

- Induction: Administer Uplizna 300mg IV at week 0, followed by 300mg IV at week 2
- Maintenance: Administer Uplizna 300mg IV every 6 months (beginning 6 months after first dose)
- Dilute in 250ml NS, do not shake
- Monitor patient for 1 hour post infusion for signs and symptoms of adverse reaction
- Infuse at progressive rate listed below over 90 mins:

Elapse Time (minutes)	Infusion Rate (ml/hr)
0-30mins	42ml/hr
31-60mins	125ml/hr
61-90mins	333ml/hr

ADDITIONAL ORDERS

LABORATORY ORDERS

Other: _____

PRE-MEDICATION ORDERS

- Administer all premedication 30minutes prior to infusion
- Required Tylenol 650mg PO
- Required Solumedrol 125mg IV
- Required Benadryl 25 mg- 50mg PO / IV
- Other: _____

NURSING

- Hold infusion and notify provider for signs or symptoms of active infection/Recent live vaccine or suspected pregnancy
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: _____ Preferred Contact Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications with Rituximab, Quantitative serum immunoglobulins and positive serological test for AQP4-IgG, Documentation of optic neuritis, acute myelitis, area postrema syndrome, acute brainstem syndrome, symptomatic narcolepsy, symptomatic cerebral syndrome, Rule out MS and history of relapse, Lesions count
Required Labs: Hepatitis B results, TB test results, Aqp4 Antibodies, CRP, ESR,

Provider Name (print) _____ Provider Signature _____ Date _____