

# Inebilizumab-cdon (UPLIZNA)

**PROVIDERS: Please include the following information to expedite the order:**

Patient demographics, insurance information, most recent visit notes, TB and Hepatitis B results, and applicable labs

## PATIENT INFORMATION

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 (Required): \_\_\_\_\_ Description: \_\_\_\_\_  
Allergies: \_\_\_\_\_  NKDA Weight: \_\_\_\_\_  lb  kg  
Patient Status:  New to Therapy  Continuation of Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

## REFERRAL STATUS New Referral Updated Order Order Renewal

## PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## NURSING

- Utilize hypersensitivity protocol established by Redeemer Health Infusion Therapy Center
- Provide nursing care and observation according to Redeemer Health Infusion Therapy Center policies and procedures
- Tuberculosis status and date (list results & attach clinicals): \_\_\_\_\_
- Quantitative serum immunoglobulin (list results and attach clinicals): \_\_\_\_\_
- Hepatitis B status & date (list results and attach clinicals): \_\_\_\_\_

## LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_
- Please check this box if you do NOT authorize Redeemer Health Infusion Therapy Center to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

## PRE-MEDICATION ORDERS

### Premedication with a corticosteroid, an antihistamine, and an antipyretic REQUIRED

- acetaminophen (TYLENOL)  500 mg  650 mg  1000 mg PO
- diphenhydramine (BENADRYL)  25 mg  50 mg |  PO  IV
- methylprednisolone (SOLU-MEDROL)  40 mg IV  125 mg IV
- Other \_\_\_\_\_

## THERAPY ADMINISTRATION

- Inebilizumab-cdon (UPLIZNA)
  - Induction:**  
Dose: 300mg in 250ml 0.9% sodium chloride  
Frequency: on Day 1 and Day 15  
Route: intravenous infusion  
Rate: Start at 42mL/hr x30 min, 125mL/hr X30 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  
Route: intravenous infusion  
Rate: Start at 42mL/hr x30 min, 125mL/hr X30 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 after infusion complete
- Monitoring: Patient required to stay for 60-minute observation
- Refills:  Zero  12 months  \_\_\_\_\_

## SPECIAL INSTRUCTIONS

Redeemer Health Infusion Therapy Center will conduct peer-to-peer review(s) on behalf of the prescribing provider for any insurance denials. If you DO NOT AUTHORIZE Redeemer Health Infusion Therapy Center to do this on your behalf, check this box.

Provider Name (Print): \_\_\_\_\_ Provider Signature (No Stamps): \_\_\_\_\_ Date: \_\_\_\_\_