

# UPLIZNA (INEBILIZUMAB-CDON) ORDER FORM

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg  
 Allergies: \_\_\_\_\_  
 Patient has known difficult venous access. Comments: \_\_\_\_\_

## DIAGNOSIS (Provider must specify)

- Neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive, ICD 10: G36.0
- Immunoglobulin G4-related disease (IgG4-RD) in adult patients, ICD 10: D89.84
- Generalized myasthenia gravis (gMG) in adult patients who are antiacetylcholine receptor (AChR) or anti-muscle specific tyrosine kinase (MuSK) antibody positive, ICD 10: G70. \_\_\_\_\_
- Other: \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

- Demographics     Labs and tests supporting diagnosis     Office/progress notes

## PRE-MEDICATION

Recommendations per PI are selected, these will be given to patient unless otherwise specified.

- Methylprednisolone (Solu-Medrol) 125mg IVP
- Benadryl 25mg PO
- Acetaminophen (Tylenol) 500mg PO
- Famotidine 20mg IV
- Cetirizine (Zyrtec) 10mg PO
- Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

## MEDICATION

MEDICATION	DOSE	ROUTE	FREQUENCY
Uplizna	300 mg	IV	<input type="checkbox"/> Initial: Weeks 0 and 2, then every 6 months (starting 6 months from first infusion) <input type="checkbox"/> Subsequent: Every 6 months

New Start Therapy     Continuation of Therapy    Date of last dose (if applicable): \_\_\_\_\_

## LABS / SPECIAL INSTRUCTIONS

Order valid for 1 year from date of signature unless otherwise specified here: \_\_\_\_\_

**FAX NUMBERS:**

- CT: 203.433.0621
- MA: 413.296.8482
- NC: 919.984.8698
- NY: 631.250.6020
- SC: 864.973.6279
- FL: 904.877.9270
- MD: 240.224.8607
- NH: 603.217.5371
- OH: 937.871.4594
- VA: 703.202.0499
- ME: 207.407.7272
- NJ: 201.581.4521
- PA: 610.273.5998