

Uplizna (Inebilizumab-cdon)

Infusion Order Form – Page 1 of 1



Preferred Clinic Location

- ☐ **Harbor Health Park Bend Clinic**
2200 Park Bend Drive, Bldg 2, Suite 300, Austin, TX 78758
P: (855) 481-8375
F: (512) 233-2288

Patient Information

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: _____ Patient Name: _____ DOB: _____
ICD-10 code (required): _____ ICD-10 description: _____
☐ NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____
Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

Provider Information

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

Supporting Documents/Information (Please provide all of the following)

- Patient insurance information
- Patient medication list
- Supporting clinical notes (H&P) to support primary diagnosis:
 - Hepatitis B virus, quantitative serum immunoglobulins, and tuberculosis screening is required before the first dose

Orders

NURSING

- ☒ Nursing care per [Harbor Health Nursing Procedures](#) and [Harbor Health Adverse Reaction Management Protocol](#).
☒ Verify Hepatitis B status – vaccine completion 4 weeks prior to infusion
☒ Verify TB status

PRE-MEDICATION ORDERS

- ☒ acetaminophen (Tylenol) 650mg PO 30-60 minutes prior to infusion
☒ diphenhydramine 25mg-50mg PO 30-60 min. prior to infusion
☒ methylprednisolone (Solu-Medrol) 125mg 30 minutes prior to infusion
☐ cetirizine (Zyrtec) 10mg PO
☐ loratadine (Claritin) 10mg PO
☐ famotidine (Pepcid) 20mg PO
☐ Other: _____
Dose: _____ Route: _____ Frequency: _____

LABORATORY ORDERS

- ☐ CBC ☐ at each dose ☐ every _____
☐ CMP ☐ at each dose ☐ every _____
☐ CRP ☐ at each dose ☐ every _____
☐ Other: _____

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 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
 - 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 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☒ Flush with 0.9% sodium chloride at infusion completion
☒ Patient is required to stay for 60-min. observation post infusion

**Hepatitis B virus, quantitative serum immunoglobulins, and tuberculosis screening is required before the first dose. | Prior to every infusion premedicate with a corticosteroid, an antihistamine, and an antipyretic. / Monitor patients closely during infusion.*

Provider Name (Print): _____

Provider Signature: _____

Date: _____