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Somerset, NJ 08873

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422 Morris Avenue  
Suite 7  
Long branch, NJ 07740

Marlton  
127 Church Road  
Suite 600  
Marlton, NJ 08053



Provider Order Form

# Inebilizumab-cdon (Uplizna)

Date: \_\_\_\_\_

## PATIENT INFORMATION

Name:	DOB:
Allergies:	Date of Referral:

ICD-10 code (required): \_\_\_\_\_ ICD -10 description: \_\_\_\_\_  
 NKDA Allergies: \_\_\_\_\_ Weight lbs/kg: \_\_\_\_\_  
Patient Status:  New to Therapy  Continuing Therapy Next Due Date (if applicable):  Dose/Frequency Change  Discontinuation Order

## PROVIDER INFORMATION

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

### NURSING

- Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation  
NOTE: IVX Adverse Reaction Management Protocol available for review at [www.ivxhealth.com/forms](http://www.ivxhealth.com/forms) (version 09.07.2021)
- Tuberculosis status and date (list results here & attach clinicals)
- Quantitative serum immunoglobulin (list results here & attach clinicals): \_\_\_\_\_
- Hepatitis B status & date (list results here & attach clinicals): \_\_\_\_\_

### PRE-MEDICATION ORDERS

- 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: \_\_\_\_\_

### 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. Dose:  Other \_\_\_\_\_
- 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. Dose:  Other \_\_\_\_\_
  - 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 the completion of infusion
- 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)

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 and for at least one hour after infusion.

Provider Name (Print) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## ORDERING PROVIDER

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_