InfuseAble Care

Patient Name
DOB
Cell Phone
Address

UPLINZA (inebilizumab)

Status	☐ New Therapy ☐ Order Renewal ☐ Dosage or Frequency Change
Diagnosis	☐ ICD 10 Code: G36.0 Neuromyelitis optica spectrum disorder (NMOSD) ☐ ICD 10 Code: _____ Other: _____
Pertinent Medical Hx	Anti-aquaporin-4 (AQP4) antibody status & date: _____ *(must be positive)* Hepatitis B status & date: _____ *(must be negative)* Quantitative serum immunoglobulins status & date: _____ *(must not be low)* Tuberculosis status & date: _____
Labs	Labs to be drawn by: ☐ Infusion Clinic ☐ Referring Physician If Infusion Clinic: _____
Premeds	✓ acetaminophen (Tylenol) 650 mg PO ✓ diphenhydramine (Benadryl) 50 mg IV ✓ methylprednisolone (Solu-Medrol) 125 mg IVP ☐ other: _____
IV Fluids	☐ NS TKO ☐ Other: _____
Medication Order	☐ Induction: Uplinza 300mg/250ml IV on days 1 & 15, then 300mg/250ml IV 6 months after initial dose. Start at 42ml/hr x 30 min. Increase to 125ml/hr x 30 min. Increase to 333ml/hr for remainder of dose. Duration should be approximately 90 min. ☐ Maintenance: Uplinza 300mg/250ml IV every 6 months (24 weeks). Start at 42ml/hr x 30 min. Increase to 125ml/hr x 30 min. Increase to 333ml/hr for remainder of dose. Duration should be approximately 90 min. Refills: ☐ x 1 year ☐ x _____doses ☐ No refills; give this dose only.
Monitoring	Monitor for signs/symptoms of hypersensitivity during infusion and 60 mins post-infusion. For any signs of infusion reaction: STOP infusion. Contact on-site provider for instruction.
Additional Orders	
Physician Information	Physician Name _____ NPI _____ Office Contact _____ Phone _____ **Provider Signature:** _____ Date _____

REQUIRED DOCUMENTATION

○ Patient Demographics & **Insurance** Information:	– Copy of patient's insurance card – front and back	FAX to (480) 400-6121 Intake Specialist (480) 927-3800 **referral@infuseablecare.com**
○ **Clinical / Progress Notes**, supporting primary diagnosis:	– 2 most recent office notes – Medication history	
○ Most Recent **Labs**:	– Hepatitis B test results – Anti-aquaporin-4 (AQP4) antibody results – Quantitative serum immunoglobulins – TB evaluation results	