

# Inebilizumab-cdon (Uplizna)

Provider Order Form rev. 1/26/2026



- Saint Cloud, FL
- Lake Mary-Sanford, FL
- Nashville, TN
- Gallatin, TN

## 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: \_\_\_\_\_

## NURSING

- Provide nursing care per IVCARE INFUSION Infusion Center Nursing Procedures, including reaction management and post-procedure observation
- Tuberculosis status and date (list results & attach clinicals): \_\_\_\_\_
- Quantitative serum immunoglobulin (list results & attach clinicals): \_\_\_\_\_
- Hepatitis B status & date (list results & attach clinicals): \_\_\_\_\_

## PRE-MEDICATION ORDERS (REQUIRED)

- 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

### 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 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 infusion completion
- 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. an antihistamine, and an antipyretic. | Monitor patients closely during and for at least one hour after infusion.

| Prior to every infusion premedicate with a corticosteroid,

Provider Name (Print)

Provider Signature

Date

# TN

### NASHVILLE

5501A NEW YORK AVE, NASHVILLE, TN. 37209  
P: 615-475-5657 F: 615-475-5680

### GALLATIN

710 NASHVILLE PIKE, STE 103, GALLATIN, TN. 37066  
P: 615-471-8673 F: 615-471-8674

# FL

### ST. CLOUD

2801 13<sup>TH</sup> STREET, ST. CLOUD, FL. 34769  
P: 407-477-2345 F: 615-471-8674

### LAKE MARY - SANFORD

344 W. LAKE MARY BLVD, SANFORD, FL. 32773  
P: 407-477-2345 F: 615-471-8674