

PATIENT INFORMATION

Patient Name: _____	
Address: _____	
City, State, Zip: _____	
Cell: _____	Email: _____
Height: _____	Weight: _____
Last 4 of SSN: _____	DOB: _____
Allergies: _____	

PRESCRIBER INFORMATION

Prescriber Name: _____	
NPI: _____	
Address: _____	
City, State, Zip: _____	
Phone: _____	Fax: _____
Contact Person: _____	

REFERRAL STATUS

☐ New Referral	Is this the first dose? Yes ☐ No ☐
☐ Dose or Frequency Change	If no, date of last infusion: _____
☐ Continuation Order	Line type: ☐ PIV ☐ PICC ☐ Port ☐ Other

DIAGNOSIS (MUST SELECT ONE)

☐ D89.84 – Immunoglobulin G4 Related Disease	☐ G36.0 Neuromyelitis optica
☐ G70.00 Myasthenia gravis without (acute) exacerbation	☐ G70.01 Myasthenia gravis with (acute) exacerbation
☐ ICD-10 CODE: _____	

REQUIRED DOCUMENTATION

This signed order form by the provider	Prior Therapies: _____
Patient demographics AND insurance information	gMG ONLY Has the patient ever tested positive for AChR antibodies? ☐ Yes ☐ No
H&P labs, tests, and progress notes supporting diagnosis	gMG ONLY Has the patient ever tested positive for MuSK antibodies? ☐ Yes ☐ No
	NMOSD ONLY Has the patient ever tested positive for AQP4 antibodies? ☐ Yes ☐ No
	gMG ONLY MG-ADL score ____ MGFA clinical classification (I, II, III, IV, V) ____
Hepatitis Screening ☐ Positive ☐ Negative Date: _____	
TB Screening ☐ Positive ☐ Negative Date: _____	

PRESCRIBING INFORMATION

Medication	Dose/Strength	Directions	Quantity
☐ Inebilizumab-cdon (Uplizna)	100 mg/ 10 ml	☐ Initiation Infuse 300 mg in 250 mL NS IV over 90 minutes x 1 dose, repeat dose on day 15 ☐ Maintenance Starting 6 months from day 1, Infuse 300 mg in 250 mL NS IV over 90 minutes every 6 months	6 vials 3 vials Refill x 1
Observation		Observe patients for a minimum of 60 minutes post infusion	
☐ Acetaminophen		☐ 650 mg ☐ 1000 mg po prior to infusion	
☐ Diphenhydramine		☐ 25 mg PO ☐ 50 mg PO ☐ 25 mg IV ☐ 50 mg IV prior to infusion	
☐ Methylprednisolone		☐ ____ mg ☐ 100 mg ☐ 125 mg ☐ 1000 mg IV prior to infusion	
☐ Other			
☐ Lab Work every _____		☐ CMP ☐ CBC w dif ☐ CRP ☐ Sed Rate ☐ Vitamin D ☐ Vitamin B12 ☐ Immunoglobulins A,G,M subset panel lymphocytes ☐ Hepatitis panel ☐ Serum Pregnancy	
For PIV flush 3-10 mL 0.9% NS before and after			
For PICC/Midline flush 10 mL 0.9% NS before/after, then 3 mL Heparin 10 units/mL final flush			
For Port flush 10 mL 0.9% NS before/after, then 5 mL Heparin 100 units/mL final flush			
Using 50 mL 0.9% NS bag flush residual priming volume post infusion			

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline

RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration

RN to flush and lock VAD/CVAD per company protocol

Other: _____

EMERGENCY MEDICATION

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (>40 kg): Diphenhydramine 25–50 mg PO or IV slow push (2–5 min); Acetaminophen 325–650 mg PO; Methylprednisolone 125 mg IV slow push (≥5 min); Epinephrine 0.3 mg IM/SQ, may repeat x1; 0.9% NS 500 mL IV over 30–60 min, may repeat x1 for hypotension.

Oxygen (AIC/AIS only): 1–6 L/min via NC or face mask; titrate to maintain SpO₂ 95–100%.

Prescriber Signature X: _____

Product Substitution Permitted: _____ Date: _____

X: _____

Dispense as Written: _____ Date: _____