GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Uplizna - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Uplizna treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Uplizna prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Uplizna
- Medication list and allergies
- Last Uplizna infusion note, if available
- Baseline: AQP4 Antibody confirmation (NMOSD), CBC w diff, CMP, serum immunoglobulins, Hepatitis B

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

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Prescribing Order - Uplizna (inebilizumab-cdon)

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 ☐ NKDA PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

- ☐ Acetaminophen 1000mg PO
- ☐ Loratadine 10mg or Cetirizine 10mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Diphenhydramine 25mg IV
- ☐ Solu-medrol 125mg IV in 50ml over 15min
- ☐ Other

LAB ORDERS

- ☐ CBC w/diff, CMP every
- ☐ Other

Prescribing Order - Uplizna (inebilizumab-cdon) (continued)

UPLIZNA MEDICATION ORDER:

- ☐ Uplizna 300mg/250ml IV on Day 1 and Day 15
- ☐ Uplizna 300mg/250ml IV once every 6 months
- ✓ Post infusion observation for 1 hour
- ☐ NS 100ml/hr x 1 hour

ADMINISTRATION & MONITORING

- ✓ Infuse at rate of 42ml/hr for 30min, increase to 125ml/hr for 30min, then 333ml/hr until completion
- ✓ Vital Signs: Pre-treatment, at every rate change, and post-treatment
- ✓ Do not administer if patient has signs or symptoms of active infection
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME

NPI

DATE

SIGNATURE

Handwritten or compliant electronic signature

OFFICE PHONE / EXT.