



Nucara Pharmacy Nucara Infusion Center
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Austin, TX 78757 Austin, TX 78757
Phone: 512-454-9923 Phone: 512-454-9923 x8
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Patient Name: _____

DOB: _____ Wt(kg): _____

Allergies: _____ Phone: _____

UPLINZA (inebilizumab) Infusion Orders

Required Information:

Signed order from prescribing provider
Patient demographics including insurance information
Supporting clinical documentation: Visit notes, other meds tried
Hep B & TB screening, AQP4 positive antibody result, Serum immunoglobulins

Primary Diagnosis:

Neuromyelitis Optica Spectrum disorder(ICD-10 : _____)

Other: _____(ICD-10: _____)

UPLINZA ORDERS

Induction Dose: 300mg IV followed by 300mg IV 2 weeks later, then 300mg IV every 6 months

Maintenance Doses: Uplinza 300mg every 6 months

Date of Last Uplinza: _____

Administered per manufacturer guidelines over 90 minutes

PRE-MEDICATIONS

PO Tylenol _____mg

PO Cetirizine _____mg

IV Solu-medrol _____mg

PO Loratadine _____mg

PO IV Diphenhydramine _____mg

PO IV Other: _____mg

LABS

CBC

ESR

Uric Acid

Frequency: Every Visit

CMP

TB Quantiferon Gold

Other: _____

Every Other Visit

CRP

Hep B Core/Surface AG

Other: _____

One time only

Other: _____

CPL Acct #: _____

ADDITIONAL INSTUCTIONS

Please include accommodations to be made for the patient, catheter care, prn orders, etc.

Physician Name:	Phone:	Fax:
Physician Signature:	NPI:	Date: