MPP INFUSION CENTERS
www.mppinfusion.com

Fax Referrals To: (855) 891-2191
Email Referrals To: MPPReferral@mppinfusion.com
Have a Question? (855) 478-1528

UPLIZNA™ Referral

(- Required Fields)*

☐ **STAT REQUEST**
(*REASON MUST BE PROVIDED BELOW)

_____ **New Referral** _____ **Referral Renewal** _____ **Medication/Treatment Change**
_____ **Benefits Verification Only** _____ **Discontinuation Order**

PATIENT INFORMATION			
NAME*:		DOB*:	SEX: ☐M ☐F
ADDRESS:		PHONE:	
WEIGHT: ☐LBS ☐KG	HEIGHT:	EMAIL:	
ALLERGIES:			

PHYSICIAN INFORMATION		
PHYSICIAN NAME*:		PRACTICE NAME:
ADDRESS:		OFFICE CONTACT*:
PHONE:	FAX:	EMAIL *(FOR UPDATES)*:

UPLIZNA™ Infusion*:

ICD-10*: _____

*(SELECT **ONE** OF THE FOLLOWING)*

____ **Initial dose**: 300mg IV infusion followed two weeks later by a second 300mg IV infusion than 300mg every 6 months

___ **Maintenance Dosing** (check only if patient is currently on therapy): 300mg IV infusion every 6 months

Physician Signature* _____ **Date*(Referral Valid for One Year)** _____

***NPI #** _____

Infusion will be administered per MPP policy and protocols

REQUIRED DIAGNOSIS:

_____ Rheumatoid Arthritis
_____ Cytokine Release Syndrome
_____ Other_____

***STAT REASON:**
(STAT requests will be assessed per MPP policy and protocols)

Last Infusion/Injection Date: _____

REQUIRED DOCUMENTATION CHECKLIST:

_____ Patient Demographics
_____ Insurance Card/Information
_____ Clinical/Progress Notes supporting DX
_____ Current Medication List and H&P
_____ Comprehensive Metabolic Panel, CB with differential if available
_____ HepB Core (if available)
_____ HepB Surf Ag (w/in 36 months)
_____ TB Results (w/in 6 months)
If positive, need negative chest Xray and negative TSpot

STANDING LAB REQUEST (to be drawn by clinic): _____ CMP _____ CBC *Frequency _____

FOR MPP USE ONLY

Referral Reviewed and Accepted by: _____ ***Date approved:*** _____

Additional information needed/ notes:

Locations:

--------Colorado--------
___ Lakewood

--------Florida---------
___ Jacksonville
___ Kissimmee
___ Port St. Lucie
___ Suncoast
___ Winter Park

-------Oklahoma-------
___ Tulsa

---------Texas---------
___ Arlington
___ Cedar Hill
___ Dallas
___ Denton
___ Ft. Worth
___ Irving
___ Rockwall
___ Southlake
___ Flower Mound
___ Plano
___ Tyler

DATE- 1/2022