



Fax your completed order to 877-734-1157

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Last Infusion: \_\_\_\_\_
Height \_\_\_\_\_ Weight \_\_\_\_\_
Infusion Location: (state and site) \_\_\_\_\_

Uplizna® (inebilizumab-cdon) Infusion Orders

Diagnosis (please add ICD-10)

\_\_\_\_\_ Neuromyelitis optica spectrum disorder with AQP4 positive antibodies
\_\_\_\_\_ Other: \_\_\_\_\_

- Hold infusion and notify provider for:
o Signs or symptoms of active infection/Recent live vaccine or suspected pregnancy
• If an infusion-related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Protocol as clinically indicated

Documentation needed:

- Hepatitis B results/TB test results
 Quantitative serum immunoglobulins and positive serological test for AQP4-IgG
 Documentation of optic neuritis, acute myelitis, area postrema syndrome, acute brainstem syndrome, symptomatic narcolepsy, symptomatic cerebral syndrome
 TF with Rituxan
 Rule out MS and history of relapse

Lab orders:

Other: \_\_\_\_\_

Premedication to be given 30mins prior to infusion:

Table with 4 columns: Solumedrol 125mg IV, Benadryl 25-50mg IV or PO (circle), Tylenol 650mg PO, and Other:

- Initial Infusion: Uplizna 300mg IV then 300mg IV 2 weeks later
 Maintenance : Uplizna 300mg IV every 6 months (beginning 6 months after first dose)

- o Dilute in 250ml NS, do not shake
o Infuse thru 0.2 or 0.22 micron in line filter
o Infuse at progressive rate listed below over 90 mins

Table with 2 columns: Elapse Time (minutes) and Infusion Rate (ml/hr). Rows include 0-30mins (42ml/hr), 31-60mins (125ml/hr), and 61-90mins (333ml/hr).

- o Monitor patient for 1hour after infusion for signs and symptoms of adverse reactions

Additional Orders:

Provider Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Time: \_\_\_\_\_