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:
  - 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 30-60mins prior to infuion:

❑ Solumedrol 125mg IV	❑ Benadryl 25-50mg IV or PO (circle)	❑ Tylenol 650mg PO	❑ 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)			

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

Elapse Time (minutes)	Infusion Rate (ml/hr)
0-30mins	42ml/hr
31-60mins	125ml/hr
61-90mins	333ml/hr

Additional Orders:

Provider name (print): _____ Date:_____

Provider signature: _____ Time: _____