

Patient Name:

DOB:

UPLIZNA® (INEBILIZUMAB-CDON) ORDER SET

Diagnosis:			
G36.0 Neuromyelitis Optica Spectrum Disorder Other: Other:			
Prescriber must indicate all of the following requirements have been met (attach supporting documentation):			
quantitative immunoglobulins anti-aquapo	Latent TB screening negative		
within normal limits antibody po If any the above are <i>not</i> checked, attach treatment/consu	sitive <i>(required</i>	. 0	-
	 chance of pre- signs/sympto weakness, co memory, bala 	ms of PML (new or worse nfusion or changes in visio nce, or personality/mood)	on, thinking,
\blacksquare If infusion-related reaction occurs, stop infusion and treat per orders/protocol as clinically indicated.			
Pre-medications: (Prescriber must select one option within each set of brackets for each medication):			
acetaminophen [500 mg 650 mg]	D PO	once [□ 30 □ 60] n	nin prior to infusion
methylprednisolone [80 mg 125 mg	mg] 🛛 IV	once [□ 30 □ 60] n	nin prior to infusion
☐ diphenhydramine [□ 25 mg □ 50 mg □	mg] [□ IV □	PO] once [□ 30 □ 60] n	nin prior to infusion
Medication Orders: ☑ Dilute inebilizumab-cdon 300 mg/30 mL in 250 mL 0 chloride and administer intravenously using a sterile, i		Elapsed Time (minutes) 0-30	Infusion Rate 42 mL/hr
protein-binding 0.2- or 0.22-micron filter using rates		31-60	125 mL/hr
right.		61 to completion	333 mL/hr
 Flush administration set with 0.9% sodium chloride to deliver residual volume. 	period of 6	atient for hypersensitivity 0 minutes following infus tient with discharge instru	ion.
Record vital signs immediately following infusion and prior to discharge. Send record of treatment to prescriber at fax number below.			er at fax
Leave IV in place for observation period; remove prior to discharge.			d notify MD of
Frequency: On Day 1 and Day 15; repeat in 6 months (from Day 2 Additional Orders:	1) 🛛 Every	6 months (date of last treat	ment:)
Prescriber Name (print):	Fa	і х :	<u>.</u>
Prescriber signature:		Date:	<u></u>

Fax Order To: 713-489-9955

Order valid for one year unless otherwise indicated.