

## UPLIZNA MEDICATION ORDER

Patient's Name (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_

### ■ Diagnosis

G36.0 Neuromyelitis optica

### ■ Details Needed for Authorization

Patient's height in ft/in: \_\_\_\_\_ Patient's weight in lbs: \_\_\_\_\_

- Hepatitis B surface antigen and Hepatitis B core total antibody results from the past two months.
- TB test (QFT, PPD or Spot TB) from the past two months.
- Serum immunoglobulin levels.
- AQP4 positive antibody lab results.

### ■ Premedication Order

Oral medications to be taken by the patient at 30-60 minutes prior to start of infusion treatment. May be taken at home:

- Acetaminophen 500mg  Diphenhydramine 25mg
- Acetaminophen 650mg  Diphenhydramine 50mg

IV medication to be administered 30 minutes prior to start of the infusion treatment:

- Methylprednisolone 125mg  Methylprednisolone 80mg

### ■ Uplizna (inebilizumab-cdon) Order

- Initial dose: 300mg Uplizna by IV, followed by 300mg Uplizna by IV two (2) weeks later, and a third dose of 300mg Uplizna by IV six (6) months after the second infusion.
- Maintenance dose: 300mg Uplizna by IV every 6 months for 1 year.

Medication to be handled per manufacturer directions. Dilute dose in 250ml of 0.9% sodium chloride IV bag and mix with gentle inversion. Infusion administered over approximately 90 minutes: 30 minutes at 42 ml/hour, then 30 minutes at 215 ml/hour, and finally increased to 333 ml/hour for the remainder. Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion. Patient to be monitored for at least one hour after the completion of the infusion.

### ■ Rescue Management in case of Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

### ■ Ordering Provider Authorization

Provider's Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI #: \_\_\_\_\_ License: \_\_\_\_\_

### DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- Chart notes which include decision to begin treatment with Uplizna, including other prior administered therapies.

**Fax this order and supporting documentation to (732) 329-2322.**