Atrium Health

Atrium Health Infusion Center

Referral Status:	☐ New Start ☐ Order Change ☐ Renewal
Preferred Location:	☐ Atrium Health Infusion Center Concord **Fax:** 704-468-3401 ☐ Atrium Health Infusion Center Pineville **Fax:** 704-468-3401 ☐ Atrium Health Infusion Center Southpark **Fax:** 704-468-3401 ☐ Atrium Health Infusion Center Huntersville **Fax:** 704-468-3401 ☐ Atrium Health Infusion Center Kenilworth, a facility of CMC **Fax:** 704-512-5390 ☐ Atrium Health Infusion Center Abbey Place, a facility of CMC **Fax:** 704-512-5390 ☐ Atrium Health Infusion Center Cabarrus, a facility of CMC **Fax:** 704-512-5390

Uplizna® (inebilizumab-cdon) Infusion Order (Revised 11/10/2025)
All orders with a √ will be placed.

Patient Demographics:

Patient Name:	Date of Birth:	MRN:
Address:		
City:	State:	Zip Code:

Allergies: (please list all allergies or attach list)
☐ NKDA

Diagnosis: (Complete the 2nd and/or 3rd Digits of the ICD-10)

☐ G36.0 - Neuromyelitis Optica ☐ Other:

Required Documentation: (*required prior to scheduling*)

Patient Demographic Sheet	If the patient is new to the ordered therapy, indicate washout from previous therapy:
Copy of Insurance Card (front and back)	
Most Recent Labs (*must include labs pertinent to medication ordered*)	☐ No Washout Needed
Consult Note or last 2 Office Visits with referring provider or APP	If the patient is currently on the therapy, indicate date of last infusion:
Complete Medication List - Include all tried and failed meds	Next infusion due date:
	If this is an order change only, indicate if the current therapy should be administered until insurance approval is received for the new request.
Diagnostic Studies Pertinent to Medication Ordered	☐ Yes ☐ No

Treatment Parameters

☑ Hold treatment and notify provider IF:
- Temperature is GREATER THAN 100oF;
- Patient complains of symptoms of acute viral or bacterial infection;
- Patient is taking an antibiotic for current infection.

No live vaccines within 4 weeks of infusion
☑ Hold treatment and notify provider IF:
- Patient has received live vaccine(s) within 4 weeks of infusion.

Required lab results: Hep B Profile, CBC with diff, Quantitative IgG, and Quantiferon Gold PRIOR to first treatment. (**fax labs with order**)
☑
- Hold Tx and Notify Provider IF:
- Hep B Profile: POSITIVE result, not on file, or not within 1 year of infusion;
- Quantiferon Gold: POSITIVE result or not on file;
- CBC with diff or Quantitative IgG level not within 1 year of infusion
- ALC count lower than 800

Nursing Communication:

☑ Start PIV/Access CVC and flush device per approved Atrium Health protocol.
☑ Obtain vital signs PRE-treatment, with the first rate change, and POST-treatment.
☑ Monitor patient closely during infusion for signs of reaction. Monitor patient for signs of reaction for 1 hour after completion of the infusion.

Pre-Medications: (Administer 30 minutes PRIOR to treatment)

☐ Acetaminophen (Tylenol) 650mg PO ONCE
☐ Diphenhydramine (Benadryl) 25mg PO ONCE
☐ Diphenhydramine (Benadryl) 25mg IV ONCE
☐ Loratadine (Claritin) 10mg PO ONCE
☐ Methylprednisolone Sodium Succinate (Solu-Medrol) 125mg IV ONCE

Infusion Therapy:

☐ Inebilizumab-cdon (Uplizna) 300mg IV Week 0, Week 2
- Recommended infusion rate:
  - Minute 0-30: 42mL/hr
  - Minute 31-60: 125mL/hr
  - Minute 61-end: 333mL/hr
- Administer using a sterile, low-protein binding 0.2 or 0.22 micron in-line filter.
- Administer over approximately 90 minutes

☐ Inebilizumab-cdon (Uplizna) 300mg IV every 26 weeks
- Recommended infusion rate:
  - Minute 0-30: 42mL/hr
  - Minute 31-60: 125mL/hrr
  - Minute 61-end: 333mL/hr
- Administer using a sterile, low-protein binding 0.2 or 0.22 micron in-line filter
- Administer over approximately 90 minutes

Supportive Care Medications:

☑ Acetaminophen (Tylenol) 650mg PO ONCE PRN mild pain (1-3) or moderate pain (4-6). Give first if not given as a pre-medication.
☑ Ibuprofen (Motrin) 800mg PO ONCE PRN mild pain (1-3) or moderate pain (4-6). Give second after acetaminophen.
☑ Ondansetron (Zofran) 4mg IV ONCE PRN nausea/vomiting.

Hypersensitivity Protocol:

☑ Initiate Atrium Health approved hypersensitivity protocol in the event of an acute adverse or anaphylactic infusion/injection reaction. The hypersensitivity protocol can be found on the Atrium Health Infusion Center website at atriumhealth.org/infusion.

Prescriber Information:

Provider Name:	Phone: Fax:
Practice Name:	NPI:
Address:	Office Contact:
City, State, Zip:	Office Contact Phone Number:

Physician Signature: (*Order expires 12 months from date of signature*) No Stamp Signatures Accepted

Signature:	Date: