Memorial Healthcare System

INEBILIZUMAB-CDON (UPLIZNA)

PATIENT INFORMATION / REFERRAL STATUS

Referral Status: □ New Referral □ Updated Order □ Order Renewal **Date:** _____

Patient Name: _____ DOB: _____

ICD-10 Code: _____ ICD-10 Description/Diagnosis: _____

Allergies: □ NKDA Allergies: _____ Weight: _____ □ lbs/□ kg Height: _____

Patient Status: □ New to Therapy □ Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER / PRACTICE INFORMATION

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

Referral Coordinator Name: _____ Email: _____ Alternative Phone Number: _____

REFERRING PROVIDER COMMUNICATIONS

□ I have reviewed the prescribing information and medication guide for Uplizna (inebilizumab-cdon).

- Administer all immunizations according to immunization guidelines at least 4 weeks prior to initiation.
- Evaluate for active tuberculosis and test for latent infection prior to initiation.

NURSING PROTOCOL COMMUNICATIONS

☒ Provide nursing care, vital signs, monitoring according to Memorial Outpatient Procedures. Establish/maintain IV access and administer medication as ordered. Remove peripheral IV access after infusion completion if applicable. Follow infusion-related/hypersensitivity reactions management according to MHS Outpatient Adverse Reaction Protocol available for review on at mhs.net/services/pharmacy/infusion-services/outpatient-infusion.

☒ Discharge/Follow-up instructions according to Memorial Outpatient Procedures.

LABORATORY ORDERS

□ ***Pregnancy, Urine for females of childbearing potential who have not undergone a hysterectomy:*** Every visit

□ ***CBC with Diff:*** □ Once □ Every Visit □ Every ____ months

□ ***Comprehensive Metabolic Panel:*** □ Once □ Every Visit □ Every ____ months

□ ***Hepatitis B surface antigen:*** Once

□ ***Hepatitis B surf. antibody quantitative:*** Once

□ ***Hepatitis B core antibody, total:*** Once

□ ***IgG, IgA, IgM (Adult):*** □ Once □ Every Visit □ Every ____ months

□ ***Vitamin D 25 hydroxy:*** □ Once □ Every Visit □ Every ____ months

□ ***Lymphocyte subset panel 5 (T3/4/8/B/NK):*** □ Once □ Every Visit □ Every ____ months

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PRE-MEDICATION ORDERS (30-60 Minutes Prior to Therapy)

☐ Acetaminophen (Tylenol) 650 mg PO

☐ Diphenhydramine (Benadryl) ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV **OR**

☐ Cetirizine (Zyrtec) or Loratadine (Claritin) 10 mg PO

☐ Methylprednisolone (Solu-Medrol) ☐ 40 mg ☐ 125 mg IV **OR**

☐ Dexamethasone (Decadron) ☐ 8 mg ☐ 20 mg PO

☐ Other: _____ Dose: _____ Route: _____ Frequency/Timing: _____

THERAPY PLAN

Medication Name: Inebilizumab-cdon (Uplizna)

☐ **Loading Dose:**

- 300 mg in sodium chloride 0.9% 280 mL solution x 1 dose (Day 1)
- 300 mg in sodium chloride 0.9% 280 mL solution x 1 dose administered 14 days after first infusion

☐ **Maintenance Dose:** 300 mg in sodium chloride 0.9% 280 mL solution every 24 weeks (at least 163 days apart) until discontinued

- **Number of Doses:** _____

Route: ☒ IV ☐ SQ ☐ IM

Infuse over: ☐ 30 minutes ☐ 1 Hour ☐ 2 Hours ☒ Other: 90 minutes

*****Diluent/Volume/Concentration/Special tubing/Filters will be in accordance with the product package insert.*****

☒ Flush with 0.9% sodium chloride at completion per protocol or medication-specific instructions

Additional Administration Instructions:

Administer using 0.2-micron, 0.22 micron in-line or add-on sterile filter. Start initial infusion at 42 ml/hr, then increase rate to 125 ml/hr for the next 30 minutes, then increase rate to 333 ml/hr. Monitor patient closely for infusion reactions and hypersensitivity reactions during and for at least 60 minutes post infusion.

Note to Pharmacy/Comments:

_____

_____

Refills: ☐ Zero ☐ for 12 months ☐ Other:_____

(if not indicated, order will expire one year from date signed)

_____	_____	_____
Provider Name (Print)	***Provider Signature***	***Date***

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Adverse Reaction Management Protocol (Adult)

Observe patient for infusion related and hypersensitivity reactions such as fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

If reaction occurs:

- Stop infusion and assess patient.
- Maintain or establish vascular access if needed
- **Administer emergency medication(s) according to symptoms:**

☒ Acetaminophen 650 mg PO once PRN headache, pain, fever >100.4F, chills or rigors.

☒ Diphenhydramine 50 mg IV once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction **OR**

☒ Diphenhydramine 50 mg IM once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction (if no IV access)

☒ Dexamethasone 10 mg IV once PRN shortness of breath or wheezing **OR**

☒ Dexamethasone 10 mg IM once PRN shortness of breath or wheezing (if no IV access)

☒ Ondansetron 4 mg IV once PRN nausea, vomiting **OR**

☒ Ondansetron 4 mg IM once PRN nausea, vomiting (if no IV access)

- May re-start therapy if appropriate when symptoms resolve. Resume infusion at 50% of the previous rate and increase per manufacturer's guidelines.

If a severe allergic/anaphylactic reaction occurs

- Symptoms are rapidly progressing or continuing after administration of PRN medications and/or signs and symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension)

☒ Notify the Rapid Response / Rescue Alert Team / Blue Alert / 911.

☒ Initiate BLS/ Cardiopulmonary resuscitation if necessary.

☒ Administer Epinephrine 0.3 mg intramuscularly, every 5 MIN PRN rapidly progressing or continuing after administration of PRN medication or signs and symptoms of severe allergic/anaphylactic reaction. Administer every 5-15 minutes as needed preferably in the outer thigh.

☒ Place the patient in a recumbent position, elevate lower extremities.

☒ Continuously monitor vital signs (blood pressure, pulse oximetry, and heart rate).

☒ Contact and notify the referring provider on the day of occurrence once patient is stabilized.

☒ Document reaction in the medical record and complete an incident report once patient is stabilized.