

**PATIENT IDENTIFICATION**  
Known allergies / medication sensitivities:

☐ NL Infusion Care, AR Gould, **Presque Isle**  
Phone: 207-768-4589; Fax: 207-768-4183

☐ NL Infusion Care, **Blue Hill**  
Phone: 207-374-3995; Fax: 207-374-3970

☐ NL Infusion Care, CA Dean, **Greenville**  
Phone: 207-695-5222; Fax: 207-695-4801

☐ NL Infusion Care, **Brewer**  
Phone: 207-973-9785; Fax: 207-973-9788

☐ NL Infusion Care, **Waterville**  
Phone: 207-861-3380; Fax: 207-861-3348

☐ NL Mary Dow Center, **Ellsworth**  
Phone: 207-664-5584; Fax: 207-664-5485

☐ NL Infusion Care, Mayo, **Dover-Foxcroft**  
Phone: 207-564-4254; Fax: 207-564-4418

☐ NL Mercy Cancer Care, **Portland**  
Phone: 207-553-6868; Fax: 207-904-0917

☐ NL Infusion Care, SVH, **Pittsfield**  
Phone: 207-487-4052; Fax: 207-487-3995

**OUTPATIENT INEBILIZUMAB (UPLINZA) ORDERS**

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**Diagnosis:** ☒ Neuromyelitis Optica Spectrum Disorder (NMOSD) **ICD10:** G36.0

**Verification of T SPOT/PPD or Quantiferon:** TB testing is required prior to initiation of therapy, a change in living environment, or travel to an area that would pose an increased risk of TB. Please indicate date and result of test done:

T SPOT: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Quantiferon TB Gold Test: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

PPD: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

**Hepatitis B and C Testing:**

Hepatitis B: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Hepatitis C: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

**Other Testing:**

Anti-AQP4 Antibody: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

Varicella Zoster Immune Status: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

**IV Access:**

☐ Saline Lock:

☒ Insert peripheral Saline Lock; *may leave in for consecutive treatment days*

☒ Discontinue Saline Lock after therapy completed

☐ PICC Line:

☒ Routine PICC Line Care, labs and restoration

☐ Discontinue PICC Line (verify regimen is complete with provider prior to removing line)

☐ Porta cath / Central Access Device (Hickman, Triple lumen):

☒ Porta cath access, labs, restoration and de-access / Central Access Device use and care

**Height:** \_\_\_\_\_ cm **Weight:** \_\_\_\_\_ kg

**Premedication:**

☒ Methylprednisolone (Solu-Medrol) 125 mg, IVP, ONCE, 30 minutes prior to infusion

☒ Acetaminophen (Tylenol) 650 mg, PO, ONCE, 30 minutes prior to infusion

☒ Cetirizine (Zyrtec) 10 mg, PO, ONCE, 30 minutes prior to infusion

**Medication:**

☒ Inebilizumab (Uplinza) 300 mg in 250 mL 0.9% Sodium Chloride, IV, ONCE

*Use 0.2 micron in-line filter*

*Start at 42 mL/hour for the first 30 minutes*

*Increase to 125 mL/hour for the next 30 minutes*

*Increase to 333 mL/hour until completion*

☒ **Duration:** One dose only

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy Signature: \_\_\_\_\_

**PROVIDERS MUST EXERCISE INDEPENDENT CLINICAL JUDGMENT WHEN USING ORDER SETS**  
August 2024