

Date: _____

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____

ICD Diagnosis Code (please select): F53.0 Post-Partum Depression Other: _____

Patient Weight: _____ (kg) Allergies: _____ Tentative Date of Infusion: _____

Current medication list: _____

R: Zulresso (Brexanolone for IV Infusion) 100mg/20ml vial

Directions: Infuse Zulresso IV over 60hours at rate per prescriber information

Infusion Volume: Dilute to total volume of 100ml to achieve a concentration of 1mg/ml. Dilution per prescriber information:

- 20ml Zulresso
- 40ml Sterile Water for Injection
- 40ml 0.9% Sodium Chloride Injection

Infusion Rate:

- H 0-4: Infuse 30 mcg/kg/hr
- H 4-24: Infuse 60 mcg/kg/hr
- H 24-52: Infuse 90 mcg/kg/hr
- H52-56: Infuse 60mcg/kg/hr
- H56-60: Infuse 30mcg/kg/hr

Qty: _____ (due to stability once mixed, min of 5 vials required)

Refills: **NONE**

Please check if needing (only check if known):

- Curlin 6000 pump, tubing, IV start kit
- Normal Saline UAD for Infusion qty: QS refill: 0
- Sterile Water UAD for infusion qty: QS refill: 0

Prescriber Signature: _____

Date: _____

DEA: _____

NPI: _____

Address _____

City _____

State _____

Zip _____

For additional information, please refer to full prescribing information: [Zulresso Prescribing Information](#)