



# Briumvi Order Form (ublituximab-xiiv)

FAX TO: 972.499.9210

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Sex: M F Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs kg

Primary Language: \_\_\_\_\_ Allergies: \_\_\_\_\_

Patient Preferred Location: \_\_\_\_\_

<ICD 10 CODE REQUIRED>

## DIAGNOSIS & CLINICAL INFORMATION

### ICD 10 Code

G35 Multiple Sclerosis

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

**REQUIRED:** Demographics & Most Recent: H&P, clinical notes, & medication list. Supporting clinical notes to include any past tried and/or failed therapies, intolerance, outcomes, or contraindications to conventional therapy.

**LAB RESULTS:** : Include quantitative serum immunoglobulin & negative Hepatitis B within 3 years to initiate therapy.

## PRESCRIPTION

### Pre-Medications

Required: **MUST SELECT ONE**

Diphenhydramine: 25 mg PO, may repeat q 6 hours, PRN infusion reaction **OR**

Diphenhydramine: 25 mg IVP, may repeat q 6 hours, PRN infusion reaction

Methylprednisolone: 125 mg SIVP

Optional:

Acetaminophen: 500 mg PO, may repeat q 4-6 hours, PRN infusion reaction

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

Is the patient on any other disease

modifying therapy? Yes No

If yes, please note therapy and last dose:

\_\_\_\_\_

### Briumvi (ublituximab-xiiv)

#### Loading Dose: NEW PATIENTS MUST HAVE BOTH LOADING DOSE AND MAINTENANCE DOSE

**IV:** Infuse 150 mg in 250 mL of 0.9% Sodium Chloride at 10 mL/hr for 30 minutes, increase to 20 mL/hr for next 30 minutes, increase to 35 mL/hr for the next hour, then increase to 100 mL/hr for remaining 2 hours via pump using a 0.2-micron filter,

#### THEN

Infuse 450 mg in 250 mL of 0.9% Sodium Chloride at 100 mL/hr for 30 minutes and then increase to 400 mL/hr for remaining 30 minutes via pump using 0.2-micron filter 2 weeks after initial dose

#### Maintenance Dose: (FROM WEEK 0) \*SELECT MAINTENANCE DOSING IN ADDITION TO LOADING FOR ON-GOING THERAPY\*

**IV:** Infuse 450 mg in 250 mL of 0.9% Sodium Chloride at 100 mL/hr for 30 minutes and then increase to 400 mL/hr for remaining 30 minutes via pump using a 0.2-micron filter every 24 weeks for one year

**Adverse Events:** In the event of an adverse reaction occurring at a Medix Infusion suite, utilize the Medix Infusion adverse reaction protocol.

**Post Treatment Observations:** The patient is observed for 60 minutes following first two infusions and 15 minutes following subsequent infusions.

**Comments:**

\_\_\_\_\_

## PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ NPI #: \_\_\_\_\_ Specialty: \_\_\_\_\_

Supervising Physician: \_\_\_\_\_ (If Applicable)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_