



Phone: 608-690-7210
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www.MySmartInfusion.com

Briumvi (ublituximab-xiiy) Infusion Order Form

Location

- Eau Claire Weston
- Middleton Onalaska

Patient Information

Patient Name: _____ DOB: _____ M F

Allergies: _____

New Treatment Continuing Treatment Last Treatment Date: _____ Next Due Date: _____

Diagnosis and ICD 10 Code (Required)

Code: G35.A Code: G35.B0 Code: G35.B1 Code: G35.C0

Code G35.C1 Code: G35.C2 Code: G35.D

Required Labs

- Hepatitis B Status & Date: _____
- Most recent CBC & CMP (attach results)
- Most recent Serum Immunoglobulin panel (attach results)
- Pregnancy Test if applicable prior to each infusion

Pre-Medication Orders

- Acetaminophen (Tylenol) 500mg 650mg 1000mg PO
- Diphenhydramine (Benadryl) 25mg 50mg PO IV
- Methylprednisolone (Solu-Medrol) 125mg IV
- Ondansetron (Zofran) 4mg PO IV
- Other: _____ Route: _____
- Dose: _____ Frequency: _____

Briumvi Medication Order

Patient Weight: _____ KG

Dosage and frequency

First infusion: 150 mg IV; Second infusion: 450 mg IV two weeks after first infusion, then 450 mg IV 24 weeks after first infusion and every 24 weeks thereafter.

Other _____

Required Documents

- Patient Demographic Sheet
- H & P within the past 6 months
- Current Medication List
- Clinical and Progress Notes
- Last infusion note if applicable
- Copy of Insurance Card (Front /Back)

Adverse Reaction Management & Nursing Orders

Full protocols are available for review at mysmartinfusion.com or upon request.

<ul style="list-style-type: none"><input checked="" type="checkbox"/> Administer the following emergency medications per Smart Infusion Therapy Services protocol:<input checked="" type="checkbox"/> Acetaminophen 650mg PO,<input checked="" type="checkbox"/> Diphenhydramine 25mg-50mg PO or IV<input checked="" type="checkbox"/> Ondansetron 4mg IV<input checked="" type="checkbox"/> Sodium Chloride 0.9% 1000mL IV<input checked="" type="checkbox"/> Methylprednisolone 125mg IV<input checked="" type="checkbox"/> Albuterol Sulfate 2.5mg nebulized<input checked="" type="checkbox"/> Oxygen 1-6LPM continuous flow<input checked="" type="checkbox"/> Epinephrine 0.3mg/0.3mL IM <input type="checkbox"/> Other: _____	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Manage VAD per protocol:<input checked="" type="checkbox"/> Start/Access and Discontinue PIV/CVC <input checked="" type="checkbox"/> Flush with NS and/or Heparin per protocol based on line type<input checked="" type="checkbox"/> Other: _____
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If tolerated first two infusions, patient may take Benadryl 50mg PO the night before and repeat in am day of infusion. No IV Benadryl as premed to be given in clinic.

Provider Name: _____ Provider NPI: _____

Office Phone: _____ Office Fax: _____

Provider Signature: _____ Date: _____