Phone: 608-690-7210
Fax: 608-807-5179
www.MySmartInfusion.com

Location

☐ Eau Claire ☐ Weston
☐ Middleton ☐ Onalaska

Briumvi (ublituximab-xiiy)

Infusion Order Form

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.

or

☐ Continuing treatment: 450mg IV every 24 weeks**.**

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.

☒ Administer the following emergency medications per Smart Infusion Therapy Services protocol:
- ☒ Acetaminophen 650mg PO,
- ☒ Diphenhydramine 25mg-50mg PO or IV
- ☒ Ondansetron 4mg IV
- ☒ Sodium Chloride 0.9% 1000mL IV
- ☒ Methylprednisolone 125mg IV
- ☒ Albuterol Sulfate 2.5mg nebulized
- ☒ Oxygen 1-6LPM continuous flow
- ☒ Epinephrine 0.3mg/0.3mL IM

☐ Other: _____

☒ Manage VAD per protocol:

☒ Start/Access and Discontinue PIV/CVC

☒ Flush with NS and/or Heparin per protocol based on line type

☒ Other: _____

☐ **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: _____