

PRESCRIPTION ORDER FORM

BRIUMVI
(ublituximab-xiyy)



215 Pleasant Street, 5th Floor, Fall River, MA 02721
Phone: (508) 567-5666 | Fax: (508) 567-5614

PATIENT DEMOGRAPHICS

Patient Name:	Patient's Phone Number:
Date of Birth:	Address:
Allergies: See List <input type="checkbox"/> NKDA <input type="checkbox"/>	City, State, Zip:
Weight: _____ lbs or _____ kg	Patient's Email:

REQUIRED DOCUMENTATION

- Insurance Card
- History & Physical
- Patient Demographics
- Most Recent Labs
- Medication List
- MRI Results
- Neg Hep B Serology
- Immunoglobulin Panel

PRIMARY DIAGNOSIS

G35 Multiple Sclerosis
 Other: _____

LAB ORDERS: PLEASE INCLUDE FREQUENCY

CBC w/ diff & ANC: _____ LFT's at month 2 then every 3 months after Other: _____

PRE-MEDICATIONS (15 - 20 MINS BEFORE INFUSION)

Diphenhydramine 25mg PO or IVP & 50mg PO or IVP Cetrizine 10mg PO Pepcid 20mg PO or IVP
 Solu-Medrol 40mg IVP Solu-Cortef 125mg IVP Tylenol 650mg PO Other: _____

PRIMARY MEDICATION ORDER

Induction: Briumvi 150 mg IV on day 1, followed by 450 mg on day 15, then 450 mg IV every 6 months thereafter. First dose taper over 4 hours. 10 ml per hour X30 mins , 35 ml 1 hr X 30 mins, 100ml 1 hr X 2 hrs. If tolerated all subsequent IV given over 1 hour.
 Maintenance: Briumvi 450 mg IV every 6 months
 Other: _____
 First Dose: Y N Refill x12 months unless otherwise noted: _____

LINE USE/CARE ORDERS

Start PIV/ACCESS CVC Flush device per Suite Life Health's protocol (See suitelifehealth.com for detailed policy)
 Other Flush Orders: Please fax other line care orders if checking this box

ADVERSE REACTION & ANAPHYLAXIS ORDERS

Administer acute infusion and anaphylaxis medications per Suite Life Health's protocol (See suitelifehealth.com for detailed policy) Other: Please fax other reaction orders if checking this box

PROVIDER INFORMATION: PLEASE CHECK PREFERRED FORM OF COMMUNICATION

Provider Name:	Office Contact:
Address:	Phone:
City, State, Zip:	<input type="checkbox"/> Fax:
NPI AND License:	<input type="checkbox"/> Email:

Provider Signature _____

Date _____

