INFUSACARE
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Briumvi (Ublituximab) Infusion Order

Patient Name: DOB: □Male □Female

Diagnosis (please provide ICD10 code):

□ Other:

□ NKDA □ Allergies:

□ New Therapy Order □ Continuation of Therapy Date of last dose:

Ordering Provider Name:

Provider NPI: Phone: Fax:

PracticeAddress: City: State: Zip Code:

Pre-Medication

□ Acetaminophen _____mg by □ PO

□ Cetirizine _____mg by □ PO

□ Diphenhydramine _____mg by □ PO/ □ IVP

□ Solu-Medrol _____mg by □ PO/ □ IVP

□ Solu-Cortef _____mg by □ PO/ □ IVP

□ Other:

Patient height and weight:

Patient Height (cm): Patient Weight (kg):

Required Documentation:

□ Patient Demographics

□ Patient Insurance (med and pharm card copies, front and back)

□ Progress Notes/Labs supporting diagnosis

□ Hepatitis B Test Results: HBsAg, and Total HepB Core Antibody

□ Quantiferon

□ CBC, CMP, liver function test lab results

□ MRI of the brain

□ Current MS treatment and end date of current therapy

□ Other:

Briumvi Medication Order (Please select ONE):

□ Intravenous Induction dosing followed by maintenance

- Dosing (Please choose one)
  - □ 150mg week 0 and 450mg week 2
  - □ Other: _____
- Maintenance Frequency (Please choose one)
  - □ Every 24 weeks following week 0
  - □ Other: _____
- Special instructions
  - □ Urine pregnancy test prior to test infusion

□ Intravenous Maintenance dosing every 24 weeks

- Dosing (Please choose one)
  - □ 450 mg
  - □ Other: _____
- Special instructions
  - □ Urine pregnancy test prior to test infusion

*Patient will be required to stay for 60 min observation post-infusion for first two infusions. If no reaction/hypersensitivity observed, patient will not be required to stay after subsequent infusions.

AdditionalInstructions/Notes:

Patient IV Access

□ PIV

□ Use patient's SL/DL PICC, flush per protocol

□ Access/deaccess patient's Port, flush per protocol

*Imaging results of proper placement required for PICC/Port

Ordering Provider:

Signature: _____ Date: _____

Provider: _____ Phone: _____ Fax: _____

Best Contact Person in Office: _____ Phone: _____

Locations:

□ *Skokie, IL*: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141

□ *Libertyville, IL*: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141

□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141

□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400