Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy

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BRIUMVI (ublituximab-xiiy) ORDER FORM

PATIENT NAME:_____ DOB:_____ WT:_____ HT:_____
ALLERGIES:_____

DIAGNOSIS

HAS THE PATIENT PREVIOUSLY RECEIVED: BRIUMVI (ublituximab-xiiy) ❒NO ❒YES LAST DOSE DATE:_____
DIAGNOSIS:_____ ICD 10 CODE(S):_____

MEDICATION ORDERS

DOSE/FREQUENCY: **Orders are valid for 1 year. For a shorter duration, indicate here:_____

- ❒ 1st: 150 mg IV infusion over 4 hours, at week 0
- ❒ 2nd: 450 mg IV infusion over 1 hour, 2 weeks after the 1st infusion
- ❒ Subsequent: 450 mg IV infusion over 1 hour, 24 weeks after the 1stinfusion, then every 24 weeks

PREMEDICATION: 30 minutes prior to infusion

❒ Methylprednisolone 100 mg IV	❒ Diphenhydramine 25 mg IV	❒ Diphenhydramine 25 mg PO
❒ Acetaminophen 500 mg PO	❒ Diphenhydramine 50 mg IV	❒ Diphenhydramine 50 mg PO
❒ Acetaminophen 1000 mg PO	❒ Cetirizine 10 mg PO	❒ Other (dose/route): _____

STANDARD IV ORDERS

ANCILLARY ORDERS:

- Infusion Reaction Management per Infusion Solutions Protocol.
- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- Flush with 0.9% NaCl and/or Heparin 10 u/ml or 100 u/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2 ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).

NURSING ORDERS:

- If no central IV access, RN to insert peripheral IV.
- Obtain weight before each dose
- Monitor vital signs (temp, HR, RR, BP) before therapy, and every 15-30 minutes or with each rate change.
- If an infusion reaction occurs, decrease rate AND monitor vital signs until symptoms subside. If the reaction persists or worsens, stop the infusion, initiate reaction protocol, and notify physician.
- Observe patient for 60 minutes after completion of therapy for 1st two infusions, then for 30 minutes.

LABS

LAB ORDERS:
❒CBC w/ diff ❒CMP ❒CRP ❒MRI
❒Serum immunoglobulins ❒Other: _____

LAB FREQUENCY:
❒Every dose
❒Other: _____

REQUIRED DOCUMENTATION

REQUIRED CLINICAL DOCUMENTS:

- Hepatitis B serology labs or proof of immunity/vaccination
- Serum immunoglobulin (IgG, IgA, IgM) labs

RECOMMENDED CLINICAL DOCUMENTS (provide if available):

- Baseline labs: CMP, CBC w/ diff
- Pregnancy test; patient to perform prior to each dose
- That all immunizations have been given at least 4 weeks prior to initiation of Briumvi for live or live-attenuated vaccines & at least 2 weeks prior for non-live vaccines.

SUPPORTING DOCUMENTS:

- Patient demographic and insurance information.
- Copy of front and back of insurance card if available.
- Patient's medication list.
- Supporting clinical notes, including past tried and/or failed therapies.

PROVIDER INFORMATION

PRESCRIBER SIGNATURE (substitution) | *PRESCRIBER SIGNATURE (dispense as written)*

PRINT NAME (FIRST AND LAST) | *DATE*