Troy Infusion Center
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Troy, OH 45373
Phone: 937-401-6620
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Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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Briumvi® (ublituximab) Order Form

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** G35 – Multiple Sclerosis

Rx:

IV Induction (only check if patient is a new start):

☐ Infuse 150mg day 1 and 450mg day 15, then proceed to maintenance dosing.

IV Maintenance:

☐ Infuse 450mg every 24 weeks. (maintenance dosing begins 24 weeks after initial 150mg dose)

Order good for: ☐ 6 months ☐ 1-year Other duration: _____

Pre-meds: (given at each Briumvi® infusion)

☐ Solumedrol 100 mg IV	or	☐ Solumedrol _____ mg IV
☐ Tylenol 1000 mg po	or	☐Tylenol 650 mg po
☐ Benadryl ____ mg po	or	☐ Benadryl _____ mg IV
☐ Famotidine 20mg po		☐ Zyrtec 10mg po

Solumedrol 100mg & antihistamine required per package insert.

☐ Other: _____

****Please send Hep B Panel results with order, we cannot infuse without Hep B Panel documentation. ***

Other comments:_____

Port/PICC care per protocol will be performed if applicable including heparin flush (500 units/5mL) and cathflo (2 mg) PRN for patients with a port

Labs: ☐ Urine hCG prior to each infusion

☐ other labs (include frequency)_____

Prescriber Printed Name:_____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____