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# Briumvi® (ublituximab) Order Form

Epic Referral: REF115238

**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:** _____