



**Checklist for BRIUMVI (ublituximab) Referral**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Office Contact/Title/Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Best contact number for physician in case of reaction: \_\_\_\_\_

*Please return completed checklist and checklist items to initiate referral. Use this form as fax cover sheet.*

- Patient demographic information
- Insurance information and copy of insurance card/s (front and back). \*Include primary and secondary insurance
- Supporting clinical notes and office visits. Two notes preferred.
  - Note should include any therapies tried/failed, and must include discussion about Briumvi
  - Medication list and allergies
  - Last Briumvi or Ocrevus infusion note, if available
- Supporting lab reports/orders for Briumvi treatment
  - Baseline: CBC w diff, CMP, serum immunoglobulins, Hepatitis B screening, and brain MRI within 1 year
  - For continued therapy*: CBC w diff and CMP prior to each infusion
  - Ensure all vaccinations are up to date prior to treatment. Live vaccines should be given at least 4 weeks prior to treatment, and non-live vaccines should be given at least 2 weeks prior to treatment.
- Briumvi Prescribing Order (see attached)

**-- We will obtain prior authorization and schedule your patient as soon as possible --**

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**Fax all information to our Infusion Coordinator: 508-698-8671**

Call with any questions: 781-551-5812 option 4

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Visit our website: [www.InfusionCenterNE.com](http://www.InfusionCenterNE.com)

Email: [info@infusioncenterne.com](mailto:info@infusioncenterne.com)

**Infusion Center of New England**

9 Payson Road, Suite 100, Foxboro MA 02035

Ph: 781-551-5812

Fax: 508-698-8671



**Prescribing Order: BRIUMVI (ublituximab)**

Date of Order: \_\_\_\_\_

New Start     Maintenance

Date of last infusion: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Diagnosis (include ICD-10 code/s): \_\_\_\_\_

NKDA    Allergies: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

**Premedication:**

- Acetaminophen 1000mg PO
- Loratadine 10mg or Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Diphenhydramine 25mg IV
- Solu-medrol 125mg IV in 50ml over 15min
- Other: \_\_\_\_\_

**Lab Orders:**

- CBC w/diff, CMP every \_\_\_\_\_ weeks
- Other: \_\_\_\_\_

**Briumvi Medication Order:**

- Briumvi 150mg/250ml NS IV for first infusion. Administer over 4 hours: start infusion at 10ml/hr for first 30min, increase to 20ml/hr for 30 min, increase to 35ml/hr for 60 min, then 100ml/hr for remaining 2 hours.
  - Briumvi 450mg/250ml NS IV for second infusion (2 weeks after first infusion) and then subsequent infusions every 6 months. Administer over 1 hour: start infusion at 100ml/hr for the first 30min, then increase to 400ml/hr for the remaining 30min.
- ✓ Post infusion observation: Required for 1 hour after Briumvi's first two infusions
- NS 100ml/hr x 1 hour

**Administration:**

- ✓ Vital Signs: Pre-treatment, at every rate change, and post-treatment
- ✓ Do not administer if patient has signs or symptoms of active infection
- ✓ In case of infusion reaction, STOP infusion and follow ICNE infusion reaction protocol. Notify physician.

Ordering Provider Name

NPI

Signature

Date