



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 --

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

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

Visit our website: www.InfusionCenterNE.com

Email: info@infusioncenterne.com

Infusion Center of New England

18 Washington Street, 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:

- ☐ Brumvi 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.
- ☐ Brumvi 450mg/250ml NS IV for second infusion (2 weeks after first infusion) and then subsequent infusions every 24 weeks. 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 Brumvi'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

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