

Infusion Center
Kennebunk · Portsmouth · Scarborough · Topsham
Phone: 207-303-3225 Fax:207-692-2473

Briumvi (Ublituximab) Order Form – J2329

Patient Name: _____ DOB: _____

Diagnosis: _____ Diagnosis Code: _____

Height: _____(cm) Actual Weight: _____(kg) Allergies: _____

*Required labs prior to therapy initiation:

- Hepatitis B virus screening in all patients (HBsAg and anti-HBc measurements)
- Quantitative Serum Immunoglobulins

Pre-medications administered prior to Briumvi (premeds are recommended per guidelines):

- Cetirizine 10mg PO
- Acetaminophen 1000mg PO
- Methylprednisolone 100mg IV

Briumvi dosing: IV: 150 mg on day 1, followed by 450 mg 2 weeks later; subsequent doses of 450 mg are administered once every 6 months. ***Check all that apply***

Briumvi 150mg: Initial Day 1

Briumvi 450mg: Day 15

Briumvi 450 mg: Every 24 weeks (first dose scheduled 24 weeks after first 150mg dose)

- * Patient will be monitored for infusion reactions for 1 hour following the completion of the first two doses of Briumvi

Orders valid through ____ / ____ / ____

- * In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: _____

Provider Signature: _____ Date: _____

Phone: _____ Fax: _____ Pager: _____