

## Briumvi (Ublituximab) Order Form—J2329

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Patient Name	Middle	Last	DOB
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Diagnosis	Diagnosis Code
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Height (cm)	Actual Weight (kg)	Allergies
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\*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 450mg:  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