NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
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Briumvi (Ublituximab) Order Form—J2329

Patient Name | Middle | Last | 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 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