PREMIER INFUSION CENTER

Briumvi (ublituximad-xiiy) IV Infusion Order Form

📞 405-442-7577 📠 405-442-7223
📧 orders@premierinfusioncenter.com

👤 Patient Information

- **Full Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Phone:** _____ **Email:** _____
- **Address:** _____
- **Weight:** _____ lb/kg
- **Allergies:** ☐ NKDA ☐ _____
- **Treatment Status:** ☐ New ☐ Continued **Last Treatment Date:** ___ / ___/___

🔹 Diagnosis (ICD-10 Selection)

☐ G35 – Multiple sclerosis
☐ G35.1 – Relapsing-remitting MS
☐ G35.11 – Primary progressive MS
☐ Other: _____ **ICD-10 Code:** _____

🔹 Infusion Order

- **Induction Phase:**
  ☐ 150 mg IV over 4 hours (Week 0)
  ☐ 450 mg IV over 1 hour (Week 2)
- **Maintenance Phase:**
  ☐ 450 mg IV over 1 hour every 24 weeks
- **Refills:** ☐ None ☐ 12 months ☐ Other: _____

🔹 Line Use & Access

☐ Start PIV ☐ Access CVC ☐ Use PICC Line

☒ Flush per standard infusion protocol

🔹 Adverse Reaction & Anaphylaxis Orders

☒ Premier Infusion Center Protocol (premierinfusioncenter.com)
☐ Other – please fax preferred reaction orders to 405-442-7223

🔹 Premedication (Optional)

☐ Acetaminophen: ☐ 500 mg ☐ 650 mg ☐ 1000 mg ☐ PO
☐ Diphenhydramine: ☐ 25 mg ☐ 50 mg ☐ PO ☐ IV
☐ Methylprednisolone: ☐ 40 mg ☐ 125 mg ☐ IV
☐ Cetirizine: ☐ 10 mg ☐ PO
☐ Other: _____ **Dose:** _____ **Route:** _____

🔹 Laboratory Monitoring

☐ CBC ☐ CMP ☐ CRP ☐ Serum Immunoglobulin ☐ Hepatitis B Panel
Frequency: ☐ Prior to first dose ☐ Each dose ☐ Other: _____
☐ Physician office will order labs only

🔹 Clinical Documentation Checklist

☐ Recent progress notes ☐ Last H&P ☐ Lab results ☐ Medication list

🔹 Ordering Provider & Demographics

- **Name:** _____
- **NPI:** _____ **License #:** _____
- **Contact:** _____ **Phone:** _____ **Fax:** _____
- **Email:** _____
- **Signature:** _____ **Date:** ____ / _____ / _____