Referral Status:		MRN:
☐ New referral	☐ Order change	☐ Order Renewal
Patient preferred clinic:		

Briumvi® (ublituximab-xiiy) Plan of Treatment

PATIENT DEMOGRAPHICS:

Date of Referral:			Patient's Phone:		
Patient Name:			Address:		
Date of Birth:			City, State, Zip:		
Height in inches:	Weight: LB or KG		Gender:	Allergies:	☐ See list ☐ NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

- ☐ G35 - Relapsing Remitting Multiple Sclerosis
- ☐ G35 - Primary Progressive Multiple Sclerosis
- ☐ _____- Other:

REQUESTED DOCUMENTATION:		PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?	
1	Insurance information	IF NO:	IF YES:
2	Most recent History & Physical	PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INFUSION DATE:
3	Full medication list		NEXT INFUSION DATE:
4	Tried and failed therapies		**IF ORDER CHANGE:**
5	**REQUIRED:** Hepatitis B panel for new start patients		☐ **Continue current order until insurance approved**
6	Quantitative Serum Immunoglobulin screening		

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive ubituximab-xiiy if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, new onset or deterioration neurological changes, and/or surgery. It is recommended to periodically monitor serum Ig levels. The patient should be made aware of the risks of becoming pregnant while taking ubituximab-xiiy and it is recommended that they be monitored for pregnancy during treatment.

PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED

*Per FDA labeling, an antipyretic, antihistamine, and methylprednisolone IVP is suggested prior to infusion.

IV	Diphenhydramine	☐ 25mg	☐ 50mg				
	Methylprednisolone	☐ 40mg	☐ 125mg	☐ Other:			
	Famotidine	☐ 20mg	☐ 40 mg				
	Other:	☐					

PO	Acetaminophen	☐ 325mg	☐ 500mg	☐ 650mg	☐ 1000mg
	Famotidine	☐ 20mg	☐ 40mg		
	Diphenhydramine	☐ 25mg	☐ 50mg		
	Fexofenadine	☐ 60mg	☐ 180mg		
	Cetirizine	☐ 10mg			
	Loratadine	☐ 10mg			
	Other:	☐			

MEDICATION/FREQUENCY:

☐ **Induction:**

Week 0 dose: Briumvi® 150mg IV in 250ml NS administered over 4 hours per step protocol

Week 2 dose: Briumvi® 450mg IV in 250ml NS administered over 1 hour per step protocol

☐ **Maintenance:**

Briumvi® 450mg IV per 250ml NS administered over 1 hour per step protocol every 24 weeks

One-hour post observation period following the first two infusions.

☑ Refills x 12 months unless noted otherwise here:

***Maintenance dosing is scheduled 24 weeks from initial 0-week dosing.**

SPECIAL/LAB ORDERS:

☐ _____

_____

LINE USE/CARE ORDERS:

- ☑ Start PIV/Access CVC
- ☑ Flush device per facility standard flushing procedure

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion/AccuRX standing adverse reaction orders, which can be found at our website or scan here.

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)		DATE:
Dispense as written/Brand medically necessary	Substitution permitted	

ACCURX
INFUSION CENTER
A PALMETTO INFUSION COMPANY

Checklist for referrals to AccuRX Infusion:

Fax referral to 1.866.990.3192

- ☐ **Patient demographics – address, phone number, SS#, etc.**
- ☐ **Insurance Information – copy of the card(s) if possible**
- ☐ **Plan of Treatment/Orders**
- ☐ **Most recent physician office notes to include tried and failed therapies – all insurance companies that require a pre-authorization require the note. This includes Medicare/Medicaid HMOs.**
- ☐ **Any lab results or other diagnostic procedures to support the diagnosis**

Palmetto Infusion will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility.

Our office will notify you if any further information is required.

We will review financial responsibility with the patient and refer them to any available co-pay assistance as required. AccuRX Infusion Call Center 888.410.0317. Thank you for the referral.

www.AccuRXInfusion.com

02/08/2023