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|--|---------------------------------------|
| Referral Status: | MRN: |
| <input type="checkbox"/> New referral | <input type="checkbox"/> Order change |
| <input type="checkbox"/> Order Renewal | |
| Patient preferred clinic: | |

Briumvi® (ublituximab-xiyy) Plan of Treatment

Rev 4.28.25

PATIENT DEMOGRAPHICS:

| | |
|-------------------|---|
| Patient Name: | |
| Patient's Phone: | 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)

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|--|
| 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 LAST INFUSION DATE: |
| 3 Full medication list | REQUIRED WASHOUT FROM PREVIOUS THERAPY: NEXT INFUSION DATE: |
| 4 Tried and failed therapies | IF ORDER CHANGE: |
| 5 Quantitative Serum Immunoglobulin screening | Continue current order until insurance approved |
| 6 REQUIRED: HBsAg & anti-HBc for new start patients | |

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive ubituximab-xiyy 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-xiyy 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 | PO |
|--------------------------------------|--|
| Diphenhydramine 25mg 50mg | Acetaminophen 325mg 500mg 650mg 1000mg |
| Methylprednisolone 40mg 125mg Other: | Famotidine 20mg 40mg |
| Famotidine 20mg 40 mg | Diphenhydramine 25mg 50mg |
| Other: | 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.

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

SPECIAL/LAB ORDERS:

Refills x 12 months unless noted otherwise here:

NURSING ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure
- Provide nursing care per Palmetto Infusion Nursing Procedures and post procedures observation if indicated

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

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

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 |