

Ublituximab-xiiy (Briumvi)



Provider Order Form rev. 08/16/2023

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ DOB: _____
ICD-10 code (required): _____ ICD-10 description: _____
 NKDA Allergies: _____ Weight (lbs/kg): _____ Height: _____
Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER INFORMATION

Referral Coordinator Name: _____ Referral Coordinator Email: _____
Ordering Provider: _____ Provider NPI: _____
Referring Practice Name: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ Zip Code: _____

NURSING

- Hepatitis B status & date (list results here & attach clinicals) _____
 - Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation **NOTE:** IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)
- Based on the manufacturer PI, most payors require a quantitative serum immunoglobulin screening prior to Briumvi induction.**
- I have attached results from a recent quantitative serum immunoglobulin test (list results here & attach clinicals): _____
 - I instruct IVX Health to draw quantitative serum immunoglobulin prior to first induction infusion (if required by payor).

LABORATORY ORDERS

- CBC at each dose every _____
- CMP at each dose every _____
- CRP at each dose every _____
- Other: _____

PRE-MEDICATION ORDERS

The following are manufacturer recommended premedication regimens:

- acetaminophen (Tylenol) 500mg / 650mg / 1000mg PO
- methylprednisolone (Solu-Medrol) 40mg / 125mg IV
- diphenhydramine (Benadryl) 25mg / 50mg PO / IV

ADDITIONAL PRE-MEDICATION ORDERS

- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- Other: _____
Dose: _____ Route: _____
Frequency: _____

THERAPY ADMINISTRATION

- Ublituximab-xiiy (Briumvi) intravenous infusion**
- Induction:**
Dose: 150mg in 250ml 0.9% NS over four hours followed by 450mg in 250ml 0.9% NS over one hour two weeks later.
After induction, continue with the maintenance dosing and schedule below.
- Maintenance:**
Dose: 450mg in 250ml 0.9%NS over one hour 24 weeks after the first infusion and every 24 weeks thereafter.
- Flush with 0.9% NS at the completion of infusion
- Patient required to stay for 60 minute observation post infusion of first two infusions. If no infusion reaction or hypersensitivity has been observed, patient is not required to stay for subsequent infusions.
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

SPECIAL INSTRUCTIONS

Provider Name (Print) _____ Provider Signature _____ Date _____

FAX NUMBERS	
<input type="checkbox"/> AUSTIN: 512-772-2824	<input type="checkbox"/> CONNECTICUT: 860-955-1532
<input type="checkbox"/> BAY AREA: 844-889-0275	<input type="checkbox"/> DAYTONA: 386-259-6096
<input type="checkbox"/> CHARLOTTE: 336-663-0143	<input type="checkbox"/> DELAWARE: 302-596-8553
<input type="checkbox"/> CHICAGO: 312-253-7244	<input type="checkbox"/> EAST TN: 615-425-7427
<input type="checkbox"/> CINCINNATI: 844-946-0868	<input type="checkbox"/> FT. LAUDERDALE: 754-946-2052
<input type="checkbox"/> COLUMBUS: 844-627-2675	<input type="checkbox"/> HARRISBURG: 844-859-4235
	<input type="checkbox"/> INDIANAPOLIS: 844-983-2028
	<input type="checkbox"/> JACKSONVILLE: 904-212-2338
	<input type="checkbox"/> KANSAS CITY: 844-900-1292
	<input type="checkbox"/> LAKELAND: 863-316-3910
	<input type="checkbox"/> LITTLE ROCK: 501-451-5644
	<input type="checkbox"/> MIAMI: 786-744-5687
	<input type="checkbox"/> MIDDLE TN: 888-615-1445
	<input type="checkbox"/> NORTH CENTRAL FL: 352-756-4191
	<input type="checkbox"/> NORTH JERSEY: 551-227-2823
	<input type="checkbox"/> NORTHWEST AR: 888-615-1445
	<input type="checkbox"/> ORLANDO: 844-946-0867
	<input type="checkbox"/> PALM BEACH: 561-768-9044
	<input type="checkbox"/> PHILADELPHIA: 844-820-9641
	<input type="checkbox"/> PIEDMONT TRIAD: 336-790-2200
	<input type="checkbox"/> RALEIGH: 919-287-2551
	<input type="checkbox"/> SAN ANTONIO: 726-238-9950
	<input type="checkbox"/> SARASOTA: 941-870-6550
	<input type="checkbox"/> SOUTH JERSEY: 856-519-5309
	<input type="checkbox"/> SOUTHWEST FL: 813-283-9144
	<input type="checkbox"/> TAMPA: 844-946-0849
	<input type="checkbox"/> WEST TN: 888-615-1445