

(Ublituximab-xiiy)



INFUSE ONE

Briumvi infusion orders

Patient Name _____

DOB _____

Phone Number _____

M ____ F ____

DIAGNOSIS Please provide ICD-10 code

_____ Multiple Sclerosis

_____ Other

PRE-MEDICATIONS

Acetaminophen 1000mg PO

Solu-Medrol 125mg IVP

Diphenhydramine 25mg PO

Solu-Cortef 100mg IVP

Cetirizine 10mg PO

Diphenhydramine 25mg IVP

_____ (other)

_____ (other)

Briumvi (Ublituximab-xiiy) ORDERS

DOSAGE & FREQUENCY

150mg in 250ml 0.9% NS over four hours followed by
450mg in 250ml 0.9% NS over one hour two weeks later (*induction*)

450mg in 250ml 0.9%NS over one hour 24 weeks after
the first infusion and every 24 weeks thereafter

Patient Weight

_____ lbs

_____ kg

NOTES:

ORDERING PROVIDER

Signature _____ Phone _____ Fax _____

Provider _____ Date _____