

Briumvi® (ublrituximab-xiyy) Prescriber Order and Referral Form

Pharmacists with the Froedtert Pharmacy will be supporting this patient's infusion medication management.

Fax completed form, insurance information and clinical documentation to 414-260-7368.

Patient Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Height: _____ inches cm Weight: _____ lbs kg

Clinical Information

Primary Diagnosis Description: _____ ICD-10 Code(s): _____

Quantitative Serum IG Levels: _____ Hepatitis B Status: Titer Date: _____ Positive Negative

Briumvi® (ublrituximab-xiyy) Prescription

- Initial Dose:**
- Infuse 150 mg IV over at least 4 hours using titrated rate on day 1.
Start at 10 mL/hr for the first 30 min. Increase to 20 mL/hr for 30 min. Increase to 35 mL/hr for 60 min.
Increase to 100 mL/hr per for the remaining 2 hours.
 - Infuse 450mg IV over 1 hour using titrated rate two weeks after the first infusion.
Start at 100 mL/hr for the first 30 min, then increase to 400 mL/hr for the remaining 30 minutes.
 - Other: _____

- Maintenance Dose:**
- Infuse 450 mg IV over 1 hour using titrated rate 24 weeks from initial infusion and every 24 weeks thereafter.
Refill as directed x 1 year.
Start at 100 mL/hr for the first 30 min, then increase to 400 mL/hr for the remaining 30 minutes.
 - Other: _____

If planned maintenance dose is missed, administer dose ASAP and reset dosing schedule to six months after the missed dose was administered. Maintenance doses must be separated by at least 5 months.

Ancillary Orders

Anaphylaxis Kit

- Treat per Froedtert Home and Specialty Infusion protocol.

Medication Orders

- Methylprednisolone sodium succinate 100mg IV 30 min prior to infusion.
- Diphenhydramine 25mg PO 30 min prior to infusion.
- Acetaminophen 1000mg PO 30 min prior to infusion.
- Other: _____

IV Access and Flush Orders: RN to access and monitor venous infusion line as indicated below:

- Peripheral: Flush with 0.9% NS - 10 ml pre/post-use.
- Implanted Port or PICC: Flush with 0.9% NS - 10 ml pre/20 ml post-use and 10 ml pre/20 ml post-lab draw.

Lab Orders

- No labs ordered at this time.
- Quantitative serum IG level every 6 months to be drawn at maintenance dose infusion visit.
- Other: _____

Skilled nurse to assess and administer. Nurse will provide ongoing support as needed. Refill above ancillary orders as directed x 1year.

I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment.

Prescriber Signature _____ Date _____ Time _____

Prescriber Name _____ Phone _____ Fax _____

Address _____ NPI _____

City, State, Zip _____ Office Contact _____



Original - Medical Records

Froedtert Home and Specialty Infusion
N86 W12999 Nightingale Way
Menomonee Falls, WI 53051
262-532-5040