



Ublituximab-xiiy (Briumvi) Patient Referral Form

Admissions Fax # 844-878-6917

Admissions Phone # 855-WE-R-RARE (855-937-7273)

Patient Demographics Information

Patient Name		SSN#	DOB
Patient Address			
Primary Phone	Cellular Phone	Work Phone	
Emergency Contact Name, Relationship		Emergency Contact Phone Number	

Additional Documentation Needed

- | | | |
|-------------------------------------|-------------------------|--|
| - Copy of insurance cards | - History and Physical | - Recent vitals including blood pressure |
| - Patient face sheet w/demographics | - CBC w/dif, BMP, & CMP | - Screening for HBV infection |

Patient Insurance Information

Insurance Plan #1		Insurance Plan #2	
Subscriber Name	DOB	Subscriber Name	DOB
Policy Number	Group ID	Policy Number	Group ID

Patient Clinical Information

Gender ☐ M ☐ F	Height (inches)	Weight (lbs)	Allergies (food/drug)
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Statement of Medical Necessity / Primary Diagnosis

ICD10:	Description of diagnosis:
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Medication Information / Prescription and Orders

Medication Briumvi	Directions Infuse IV per manufacturer guidelines OR over _____ hours. Titration rate according to package insert.	*If subsequent treatment cycles only Date of last infusion:
☐ First Infusion 150 mg IV day 1, #1 dose, no refill ☐ Second Infusion (2 weeks later) and Subsequent Infusions 450 mg IV 2 weeks following first infusion and then every 24 weeks thereafter, #2 doses, refill x12 months OR ☐ Other _____		Next dose due:

Line Access Line Type: ☐ PIV ☐ Port/CVAD RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per orders below. ☐ Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium chloride 0.9% IV before and after medication administration or every 24 hours while IV access in place. ☐ Sodium Chloride 0.9% 10 mL STERILE Flush: Flush with 5-10 mL STERILE sodium chloride 0.9% IV as needed for port access. ☐ Heparin Lock 100U/mL 5 mL Flush: Lock with 5 mL heparin 100U/mL after each use or daily while port is accessed.	Quantity/Refills Dispense: Quantity #QS + PRN refills unless otherwise noted ☐ Other
Premedications ☐ Give premedication 30 minutes prior to infusion (generics will be dispensed) Diphenhydramine: ☐ 25-50 mg PO Methylprednisolone: ☐ 125 mg slow IV push over 5 minutes Acetaminophen: ☐ 325-650 mg PO OR ☐ _____ mg PO ☐ EMLA topical cream (Lidocaine 2.5% and Prilocaine 2.5%): apply to IV site prior to access PRN for pain upon needle insertion. ☐ Sodium Chloride 0.9% 500 mL - 1000 mL IV over 1-2 hours as tolerated daily PRN for hydration and/or headache. ☐ Other (Physician to specify):	
Adverse Reaction Orders In the event of an infusion reaction (ie: fever, chills, backache, headache, rigors) the following orders will be followed and physician will be notified. - Mild reaction: Pause infusion for 10 minutes, resume infusion at a minimum 50% reduction in rate after symptoms have resolved. - Moderate reaction: Pause infusion, administer diphenhydramine 25 mg IV; administer sodium chloride 0.9% 500mL IV bolus. If symptoms persist, administer remaining diphenhydramine 25 mg IV. Administer diphenhydramine IM if no IV access. Notify Pharmacist. - Severe reaction (w/breathing problems): CALL 911, administer epinephrine IM 0.3 mg; administer diphenhydramine 50 mg IV x 1 dose; administer sodium chloride 0.9% 500 mL IV bolus. Administer diphenhydramine IM if no IV access.	

Prescriber Information

Physician Name		Office Contact	
Practice Address		Practice Phone	
NPI#	License #	DEA#	
Physician Signature Required - Substitution Permitted	Date	Physician Signature Required - Dispense as Written	Date