

## BRIUMVI (UBLITUXIMAB-XIYY) ORDER FORM

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg  
 Allergies: \_\_\_\_\_  
 Patient has known difficult venous access. Comments: \_\_\_\_\_  
 New Start Therapy |  Continuation of Therapy & Date of last dose (if applicable): \_\_\_\_\_

### DIAGNOSIS (Provider must specify)

Relapsing-remitting multiple sclerosis (RRMS), ICD 10: G35.A  
 Active secondary progressive multiple sclerosis (SPMS), ICD 10: G35.C1  
 Acute disseminated demyelination, unspecified, ICD 10: G36.9

### PROVIDER INFORMATION

Provider Name (print name): \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Prerequisites to treatment** – ensure the following information is complete and attached with referral:

Demographics     Labs and tests supporting diagnosis     Office/progress notes

### PRE-MEDICATION

These will be given to patient unless otherwise specified.

Methylprednisolone (Solu-Medrol) 125mg IVP      Benadryl 25mg PO      Acetaminophen (Tylenol) 500mg PO  
 Famotidine 20mg IV    **or**     Cetirizine (Zyrtec) 10mg PO

Other: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

### MEDICATION

MEDICATION	DOSE
Briumvi	<input type="checkbox"/> Initial treatment: 150 mg IV at week 0; then 450 mg IV at week 2, week 24, and every 24 weeks (6 months) thereafter  <input type="checkbox"/> Maintenance: 450 mg IV every 24 weeks (6 months)

### OTHER NOTES

Order valid for 1 year from date of signature unless otherwise specified here: \_\_\_\_\_