

PATIENT INFORMATION / REFERRAL STATUS

Referral Status: New Referral Updated Order Order Renewal Date: _____
 Patient Name: _____ DOB: _____
 ICD-10 Code: _____ ICD-10 Description/Diagnosis: _____
 Allergies: NKDA Allergies: _____ Weight: _____ lbs/ kg Height: _____
 Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER / PRACTICE INFORMATION

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

REFERRING PROVIDER COMMUNICATIONS

- I have reviewed the prescribing information and medication guide for Briumvi (Ublituximab-xiiy).
- Advised patients to complete any required live or live-attenuated vaccinations at least 4 weeks, and non-live vaccinations at least 2 weeks, prior to initiation of BRIUMVI.
- Perform HBV screening in all patients before initiation of treatment with BRIUMVI.
- At the first sign or symptom suggestive of PML, will withhold BRIUMVI and perform an appropriate diagnostic evaluation.

NURSING PROTOCOL COMMUNICATIONS

- Provide nursing care, vital signs, monitoring according to Memorial Outpatient Procedures. Establish/maintain IV access and administer medication as ordered. Remove peripheral IV access after infusion completion if applicable. Follow infusion-related/hypersensitivity reactions management according to MHS Outpatient Adverse Reaction Protocol available for review on at mhs.net/services/pharmacy/infusion-services/outpatient-infusion.
- Discharge/Follow-up instructions according to Memorial Outpatient Procedures.

LABORATORY ORDERS

- Pregnancy, Urine for females of childbearing potential who have not undergone a hysterectomy:** Every visit
- Hep B surface antigen:** Once
- Hep B surf. antibody quantitative:** Once
- Hep B core antibody, total [anti-HBc]:** Once
- CBC with Diff:** Once Every Visit Every ____ months
- Comprehensive Metabolic Panel:** Once Every Visit Every ____ months
- IgG, IgA, IgM (Adult):** Once Every Visit Every ____ months
- Lymphocyte subset panel 5 (T3/4/8/B/NK):** Once Every Visit Every ____ months
- Vitamin D 25 hydroxy:** Once Every Visit Every ____ months

PRE-MEDICATION ORDERS (30-60 Minutes Prior to Therapy)

- Acetaminophen (Tylenol) 650 mg PO
- Diphenhydramine (Benadryl) 25 mg 50 mg PO IV **OR**
 - Cetirizine (Zyrtec) or Loratadine (Claritin) 10 mg PO
- Methylprednisolone (Solu-Medrol) 40 mg 125 mg IV **OR**
 - Dexamethasone (Decadron) 8 mg 20 mg PO
- Other: _____ Dose: _____ Route: _____ Frequency/Timing: _____

THERAPY PLAN

Medication Name: Ublituximab-xiiy (BRIUMVI)

Loading Dose:

- 150 mg in 250 mL 0.9% NS IVPB x 1 dose administered over 4 hours
- 450 mg in 250 mL 0.9% NS IVPB x 1 dose administered 14 days after first infusion over 1 hour

Maintenance Dose: 450 mg in 250 mL 0.9% NS IVPB administered over 1 hour every 24 weeks from last infusion until discontinued

- **Number of Doses:** _____

Route: IV SQ IM

****Diluent/Volume/Concentration/Special tubing/Filters will be in accordance with the product package insert.****

- Flush with 0.9% sodium chloride at completion per protocol or medication-specific instructions

Additional Administration Instructions:

Do not shake. Refrigerate. Observe for infusion and hypersensitivity reactions during infusion and for at least 60 minutes post infusion.

Note to Pharmacy/Comments:

Refills: Zero for 12 months Other: _____

(if not indicated, order will expire one year from date signed)

Provider Name (Print)

Provider Signature

Date

Observe patient for infusion related and hypersensitivity reactions such as fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

If reaction occurs:

- Stop infusion and assess patient.
- Maintain or establish vascular access if needed
- **Administer emergency medication(s) according to symptoms:**
 - ☒ Acetaminophen 650 mg PO once PRN headache, pain, fever >100.4F, chills or rigors.

 - ☒ Diphenhydramine 50 mg IV once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction **OR**
 - ☒ Diphenhydramine 50 mg IM once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction (if no IV access)

 - ☒ Dexamethasone 10 mg IV once PRN shortness of breath or wheezing **OR**
 - ☒ Dexamethasone 10 mg IM once PRN shortness of breath or wheezing (if no IV access)

 - ☒ Ondansetron 4 mg IV once PRN nausea, vomiting **OR**
 - ☒ Ondansetron 4 mg IM once PRN nausea, vomiting (if no IV access)
- May re-start therapy if appropriate when symptoms resolve. Resume infusion at 50% of the previous rate and increase per manufacturer's guidelines.

If a severe allergic/anaphylactic reaction occurs

- Symptoms are rapidly progressing or continuing after administration of PRN medications and/or signs and symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension)
 - ☒ Notify the Rapid Response / Rescue Alert Team / Blue Alert / 911.
 - ☒ Initiate BLS/ Cardiopulmonary resuscitation if necessary.
 - ☒ Administer Epinephrine 0.3 mg intramuscularly, every 5 MIN PRN rapidly progressing or continuing after administration of PRN medication or signs and symptoms of severe allergic/anaphylactic reaction. Administer every 5-15 minutes as needed preferably in the outer thigh.
 - ☒ Place the patient in a recumbent position, elevate lower extremities.
 - ☒ Continuously monitor vital signs (blood pressure, pulse oximetry, and heart rate).
 - ☒ Contact and notify the referring provider on the day of occurrence once patient is stabilized.
 - ☒ Document reaction in the medical record and complete an incident report once patient is stabilized.