Agile Infusion Services LLC
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BRIUMVI MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB _____

Patient's height in feet and inches _____ *Patient's weight in pounds*_____

■ **Diagnosis**
☐ G35 Multiple Sclerosis ☐ Other: _____

■ **Details Needed for Approval** *Please answer all questions and provide supporting documentation.*

- Which type of MS does the patient have? Circle one: CIS RRMS PPMS SPMS
- If the patient has PPMS, please provide all component scores of the Functional Systems Scale.
- Does the patient have a history or presence of elevated IgG index or at least 1 IgG oligoclonal band in CS fluid? _____
- For a patient starting on Briumvi, please provide documentation of all relapses within past 2 years.
- For a patient starting on Briumvi, have they been neurologically stable for the past 30 days? _____
- Does the patient have any other neurological disorders which may mimic multiple sclerosis? _____
- If the patient is being treated with another disease-modifying MS therapy, will it be discontinued prior to starting on Briumvi?
- Will the patient be receiving concomitant immunosuppressive therapy?
- Has the patient had a live or attenuated vaccine within the past 6 weeks?
- For a patient starting on Briumvi, provide negative results for HBsAg and anti-HBV.
- For a patient continuing on Briumvi, provide documentation of positive clinical response to therapy.
- Does the patient have either progressive multifocal leukoencephalopathy or active primary or secondary immunodeficiency?
- Provide MRI reports documenting status of current lesions and changes from prior scans.

■ **Medication Order** *(Check boxes for all items as needed. **Selection is required.**)*
☐ Premedicate Diphenhydramine 25mg by mouth 30-60 minutes prior to therapy or 50mg by IV push 30 minutes prior to therapy.
☐ Premedicate Methylprednisolone 100mg IV-push 30 minutes prior to therapy.
☐ Initial dose of IV Briumvi (ublituximab) 150mg on day 1, 450mg on day 15, 450mg 22 weeks after day 15, and then 450mg every 24 weeks.
☐ Maintenance doses of IV Briumvi (ublituximab) 450mg every 24 weeks for 1 year.
Patient may take oral premeds at home and attest as such. Infusion administered through 0.2 micron filtered tubing. Follow the infusion instructions and rate tables published by the manufacturer. Post infusion flush with normal saline. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion. 1 hour monitoring after infusions on days 1 and 15.

■ **Rescue Management in Case of Reaction**
These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including Diphenhydramine, Methylprednisolone, Albuterol and oxygen as needed.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ **Ordering Provider Authorization**

Provider Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Indiv. NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone to Contact Person: _____

Documentation to Include:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.

FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.