Ublituximab-xiiy (Briumvi)

Provider Order Form *rev. 11/06/26*

arbor infusion

PATIENT INFORMATION

Referral Status: ☐New Referral ☐Updated Order ☐Order Renewal

Patient Name: DOB: Mobile Phone Number:

Weight (lbs/kg): ☐NKDA Allergies:

Therapy Status: ☐New to Therapy ☐Continuing Therapy Last Treatment Date: Next Due Date:

REQUIRED SUPPORTING DOCUMENTATION *(Please include the following with the order to support processing & insurance approval)*

• Patient demographics • Office/progress notes supporting diagnosis including treatment failures • Labs & tests supporting diagnosis • Insurance card(s)

• Quantitative serum immunoglobulin screening • Hepatitis B results: If Hepatitis B results are positive, provide documentation of medical clearance

DIAGNOSIS ICD-10 CODE *(Provider must specify)*

☐G35.A Relapsing-remitting multiple sclerosis ☐G35.B0 Primary progressive multiple sclerosis, unspecified

☐G35.B1 Active primary progressive multiple sclerosis ☐G35.B2 Non-active primary progressive multiple sclerosis

☐G35.C0 Secondary progressive multiple sclerosis, unspecified ☐G35.C1 Active secondary progressive multiple sclerosis

☐G35.C2 Non-active secondary progressive multiple sclerosis ☐G35.D Multiple sclerosis, unspecified ☐Other:

PRIMARY MEDICATION ORDER

Ublituximab-xiiy (Briumvi) intravenous infusion

- Flush with 0.9% NS at the completion of infusion
- Patient required to stay for 60-minute observation post infusion of first two infusions. If no infusion reaction or hypersensitivity has been ob served, patient is not required to stay for subsequent infusions.
- Refill for 12 months unless otherwise noted: _____

☐ ***New Start:*** First infusion: 150mg in 250ml 0.9% NS over four hours; Second infusion: 450mg in 250ml 0.9% over one hour two weeks later, then 450 mg in 250ml 0.9% NS 24 weeks thereafter

☐ ***Maintenance:*** 450 mg IV every 24 weeks

NURSING

- Provide nursing care per Arbor Infusion Nursing Procedures, including reaction management and post-procedure observation

SPECIAL INSTRUCTIONS

RECOMMENDED PRE-MEDICATION ORDERS

Note: The following are manufacturer recommended premedication regimens:

☐ acetaminophen (Tylenol) ☐500mg / ☐650mg / ☐1000mg PO

☐ diphenhydramine (Benadryl) ☐25mg / ☐50mg ☐PO / ☐IV

☐ methylprednisolone (Solu-Medrol) ☐40mg / ☐125mg IV

ADDITIONAL PRE-MEDICATION ORDERS

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ famotidine (Pepcid) 20 mg IV

☐ Other: _____

Dose: _____ Route: _____

LABORATORY ORDERS

☐ CBC ☐at each dose ☐every _____

☐ CMP ☐at each dose ☐every _____

☐ CRP ☐at each dose ☐every _____

☐ Other: _____

APPEALS PROCESS

Upon denial, Arbor Infusion will appeal with a Letter of Medical Necessity unless you opt out: ☐Opt out (I will manage any denial)

Ordering Provider (Print) **Provider Signature** **Provider NPI** **Date**

☐ No change to practice information since the most recent referral or order. If checked, the additional practice information section below may be left blank.

PRACTICE INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zipcode:

ARBOR INFUSION FAX NUMBERS *(Submit a signed order and supporting documentation via fax or email orders@arborinfusion.com)*

☐ Arbor Infusion Fishers (317) 981-1772

☐ Arbor Infusion Carmel (317) 981-1772