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333 East Shore Road  
Suite 201  
Manhasset, NY 11030

☐ **Rockville Centre**  
165 North Village Avenue  
Suite 133  
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☐ **Elmsford/ Terrytown**  
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3rd Floor  
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☐ **Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021

☐ **Queens**  
64-05 Yellowstone Blvd  
CF104  
Forest Hills, NY 11375

☐ **Manhattan**  
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New York, NY 10021

☐ **Holbrook/ Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741

☐ **Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583

☐ **5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559

☐ **Long Beach**  
917 Beech Street  
Long Beach, NY 11561

☐ **Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

# Ublituximab-xiyy (Briumvi)

## Provider Order Form

Date: \_\_\_\_\_

### PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

### REFERRAL STATUS

☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order

### PHYSICIAN INFORMATION

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

#### NURSING

- ☒ Hepatitis B status & date (list results here & attach clinicals)
- ☒ Provide nursing care per ThrIVewell Procedures, including reaction management and post-procedure observation
- Based on the manufacturer PI, most payors require a quantitative serum immunoglobulin screening prior to Brriumvi induction.**
- ☐ I have attached results from a recent quantitative serum immunoglobulin test (list results here & attach clinicals):
- ☐ I instruct ThrIVewell to draw quantitative serum immunoglobulin prior to first induction infusion (if required by payor).

#### LABORATORY ORDERS

- ☐ CBC ☐ at each dose ☐ every \_\_\_\_\_
- ☐ CMP ☐ at each dose ☐ every \_\_\_\_\_
- ☐ CRP ☐ at each dose ☐ every \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

#### PRE-MEDICATION ORDERS

The following are manufacturer recommended premedication regimens:

- ☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
- ☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV
- ☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV

#### ADDITIONAL PRE-MEDICATION ORDERS

- ☐ cetirizine (Zyrtec) 10mg PO
- ☐ loratadine (Claritin) 10mg PO
- ☐ Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

#### THERAPY ADMINISTRATION

- ☒ **Ublituximab-xiyy (Briumvi) intravenous infusion**
- ☐ **Induction:**  
**Dose: 150mg in 250ml 0.9% NS over four hours followed by 450mg in 250ml 0.9% NS over one hour two weeks later.**  
After induction, continue with the maintenance dosing and schedule below.
- ☐ **Maintenance:**  
**Dose: 450mg in 250ml 0.9% NS over one hour 24 weeks after the first infusion and every 24 weeks thereafter.**
- ☒ 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 observed, patient is not required to stay for subsequent infusions.
- ☐ Refills: ☐ Zero / ☐ for 12 months / ☐ \_\_\_\_\_  
(if not indicated order will expire one year from date signed)

#### SPECIAL INSTRUCTIONS

## ORDERING PROVIDER

Signature X Date \_\_\_\_\_

Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_