

Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Crown Heights
555 Lefferts Avenue
Brooklyn, NY 11225

Manhattan
57W 57Street
Suite 601
New York, NY 10019

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Elmsford/Terrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

NYC Central Park West
115 Central Park West
Suite 15
New York, NY 10023

Woodbury
75 Froehlich Farm
Woodbury, NY 11797

Staten Island
27 New Dorp Lane
Staten Island, NY 10306



Manhattan
225 E 70th Street
Suite 1E
New York, NY 10021

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

Manhattan
225 East 70th Street
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

Bronx
226 West 238th Street
Bronx, NY 10463

Ublituximab-xiiy (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
<input type="checkbox"/> New Referral <input type="checkbox"/> Referral Renewal <input type="checkbox"/> Medication/Order Change <input type="checkbox"/> Benefits Verification Only <input type="checkbox"/> 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 Briumvi induction.

I have attached results from a recent quantitative serum immunoglobulin test (list results here & attach clinicals):

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-xiiy (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 _____