



GREATER BOSTON INFUSION CENTER

17/19 Kendrick St, Wrentham, MA 02093

P 774-581-0032 | F 774-581-0033

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BRIUMVI - Referral Checklist

Referral packet checklist

Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME

DOB

DATE

REFERRING PROVIDER

NPI

DIRECT CONTACT / EXT.

OFFICE / PRACTICE

PHONE

FAX

EMAIL

URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- ☐ Patient demographics and contact information
- ☐ Primary and secondary insurance information; front/back card copies
- ☐ Supporting clinical notes / office visits documenting BRIUMVI treatment plan
- ☐ Current medication list and allergies
- ☐ Relevant laboratory results / imaging and baseline safety information
- ☐ Completed BRIUMVI prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about Briumvi
- Medication list and allergies
- Last Briumvi or Ocrevus infusion note, if available
- Baseline: CBC w diff, CMP, serum immunoglobulins, Hepatitis B screening, and brain MRI within 1 year

GBIC INTERNAL USE

REFERRAL RECEIVED

BENEFITS VERIFIED

PA STATUS / THROUGH

SCHEDULED



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Prescribing Order - BRIUMVI (ublituximab)

☐ New Start

☐ Maintenance

DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER

PATIENT NAME

DOB

M/F

DIAGNOSIS / ICD-10

☐ NKDA

PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

☐ Acetaminophen 1000mg PO

☐ Diphenhydramine 25mg IV

☐ Loratadine 10mg or Cetirizine 10mg PO

☐ Solu-medrol 125mg IV in 50ml over 15min

☐ Diphenhydramine 25mg PO

☐ Other

LAB ORDERS

☐ CBC w/diff, CMP every

☐ Other



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Prescribing Order - BRIUMVI (ublituximab) (continued)

BRIUMVI MEDICATION ORDER:

- ☐ Briumvi 150mg/250ml NS IV for first infusion. Administer over 4 hours: start infusion at 10ml/hr for first 30min, increase to 20ml/hr for 30 min, increase to 35ml/hr for 60 min, then 100ml/hr for remaining 2 hours.
- ☐ Briumvi 450mg/250ml NS IV for second infusion (2 weeks after first infusion) and then subsequent infusions every 6 months. Administer over 1 hour: start infusion at 100ml/hr for the first 30min, then increase to 400ml/hr for the remaining 30min.
- ☒ Post infusion observation: Required for 1 hour after Briumvi's first two infusions
- ☐ NS 100ml/hr x 1 hour

ADMINISTRATION & MONITORING

- ✓ Vital Signs: Pre-treatment, at every rate change, and post-treatment
- ✓ Do not administer if patient has signs or symptoms of active infection
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME

NPI

DATE

SIGNATURE

OFFICE PHONE / EXT.

Handwritten or compliant electronic signature