

Please fax both pages of completed form to your team at 808.650.6487.

To reach your team, call toll-free 808.650.6488.

You can now monitor shipments and chat online if you have questions. Go to MyAccredoPatients.com to log in or get started.

Prescription & Enrollment Form

Briumvi™ (ublituximab-xiyy)

accredo®

677 Ala Moana Blvd., Suite 404,
Honolulu, HI 96813-5412

Four simple steps to submit your referral.

1 Patient Information



Please provide copies of front and back of all medical and prescription insurance cards.

New patient Current patient

Patient's first name _____ Last name _____ Middle initial _____

Preferred patient first name _____ Preferred patient last name _____

Sex at birth: Male Female Gender identity _____ Pronouns _____ Last 4 digits of SSN _____

Date of birth _____ Street address _____ Apt # _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Email address _____

Parent/guardian (if applicable) _____

Home phone _____ Cell phone _____ Email address _____

Alternate caregiver/contact _____

Home phone _____ Cell phone _____ Email address _____

OK to leave message with alternate caregiver/contact

Patient's primary language: English Other If other, please specify _____

2 Prescriber Information

All fields must be completed to expedite prescription fulfillment.

Date _____ Time _____ Date medication needed _____

Office/clinic/institution name _____

Prescriber info: Prescriber's first name _____ Last name _____

Prescriber's title _____ If NP or PA, under direction of Dr. _____

Office phone _____ Fax _____ NPI # _____ License # _____

Office contact and title _____ Office contact email _____

Office street address _____ Suite # _____

City _____ State _____ Zip _____

Infusion location: Patient's home Prescriber's office Infusion site If infusion site, complete information below dotted line:

Infusion info: Infusion site name _____ Clinic/hospital affiliation _____

Site street address _____ Suite # _____

City _____ State _____ Zip _____

Infusion site contact _____ Phone _____ Fax _____ Email _____

Note: Check the appropriate shipment options in Section 4: Prescribing Information.

3 Clinical Information

Primary ICD-10 code (REQUIRED): Multiple Sclerosis: G35 Other _____ Laboratory results: LEVF _____

Hepatitis B screening date (MM/DD/YY): _____ Immunoglobulins A/E/G/M quantitative screen date (MM/DD/YY): _____

Pregnancy test _____ (+/-) Date _____

First two loading doses completed Yes No Note: Briumvi loading doses must be administered in a controlled setting.

Expected date of first/next infusion _____

NKDA Known drug allergies _____

Concurrent meds _____

Patient's first name _____ Last name _____ Middle initial _____ Date of birth _____

Prescriber's first name _____ Last name _____ Phone _____

4 Prescribing Information

Medication	Dose	Directions	Quantity/Refills	Ship to*:
Loading Doses (two infusions) Briumvi™ (ublituximab) 150mg/6mL single-use vials	First loading dose: 150mg/6mL single-use vials are diluted in NS to a final concentration of 0.6mg/mL	First loading dose: 150mg intravenous in 250mL of 0.9% NS. Withdraw 6mL 0.9% NaCl 250mL bag and discard. Add 6mL (150mg) of Briumvi solution into the infusion bag of 0.9% NaCl. Start at 10mL per hour for the first 30 minutes. Increase to 20mL per hour for the next 30 minutes. Increase to 35mL per hour for the next hour. Increase to 100mL per hour for the remaining 2 hours. Duration: 4 hours	First loading dose: 1 vial No refills	<i>Note: Loading doses must be administered in a controlled infusion site.</i> Office Infusion Clinic Unknown
	Second loading dose: Use three 150mg vials for a total infusion dose of 450mg/18mL diluted in NS to a final concentration of 1.8mg/mL	Second loading dose (2 weeks later): 450mg intravenous in 250mL of 0.9% NS. Withdraw 18mL 0.9% NaCl 250mL bag and discard. Add 18mL (450mg) of Briumvi solution into the infusion bag of 0.9% NaCl. Start at 100mL per hour for the first 30 minutes. Increase to 400mL per hour for the remaining 30 minutes. Duration: 1 hour	Second loading dose: 3 vials No refills	
Maintenance Dose Briumvi™ (ublituximab) 150mg/6mL single-use vials	Use three 150mg vials for a total infusion dose of 450mg/18mL diluted in NS to a final concentration of 1.8mg/mL	Infuse 450mg intravenous in 250mL of 0.9% NaCl every 6 months (from date of the first loading dose). Withdraw 18mL from the 0.9% NaCl 250mL bag and discard. Add 18mL (450mg) of Briumvi solution into the infusion bag of 0.9% NaCl. Start at 100mL per hour for the first 30 minutes. Increase to 400mL per hour for the remaining 30 minutes. Duration: 1 hour	3 vials 1 refill	Home Office Infusion Clinic Unknown

All Briumvi™ orders to be administered via pump and peripheral line unless otherwise instructed.

Additional Medication and Supplies for Home Infusion

Premedication Orders Acetaminophen 650mg PO 30 min prior to infusion; Diphenhydramine 50mg PO 30 min prior to infusion; Methylprednisolone 100mg IV 30 min prior to infusion Other _____	Send quantity sufficient for medication infusion All caregivers and ancillaries to be given per protocol from product package insert. (See next page.) If patient requires specific directions on additional medications or supplies, please provide change on the next page and sign.
Fluids for Reconstitution and Administration 0.9% NaCl 250mL 0.9% NaCl Flush 10mL (3mL pre- and post-infusion to maintain peripheral line patency.) 0.9% NaCl 50mL 0.9% NaCl 100mL	
Hypersensitivity/Anaphylaxis Orders* In the event of anaphylactic reaction, stop infusion of drug immediately. Start NS 15mL/hour; 0.9% NS 100mL. Medicate with epinephrine pen auto-injector 0.3mg/0.3mL IM as needed for anaphylaxis. Call *911*, physician, or paramedic.	
I authorize ancillary supplies or medical equipment necessary such as needles, syringes, etc. to administer the therapy as needed for administration.	
Skilled nursing visit as needed to establish venous access, administer medication and assess general status and response to therapy. *If nursing services will be required for therapy administration, the home health nurse will call for additional orders per state regulations.	

If shipped to physician's office or infusion clinic, physician accepts on behalf of patient for administration in office or infusion clinic.

Prescriber's signature (sign below) (Physician attests this is his/her legal signature. NO STAMPS)

**SIGN
HERE**

Date _____ Dispense as written _____ Date _____ Substitution allowed _____

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

Patient's first name _____ Last name _____ Middle initial _____ Date of birth _____

Prescriber's first name _____ Last name _____ Phone _____

Accredo Additional Medications for Home Infusion Protocol as Per Package Insert

If your patient requires individualized dosing or administering, please cross out directions below, provide desired directions in the box and sign.

Date Signature

Medication	Dose	Directions
Diphenhydramine IV	50mg/1mL (25mg)	30 minutes prior to infusion, withdraw 0.5mL and inject into 50mL 0.9% NS. Infuse intravenously 101mL/hour over 30 min.
Diphenhydramine IV	50mg/1mL (50mg)	30 minutes prior to infusion, withdraw 1mL and inject into 50mL 0.9% NS. Infuse intravenously 102mL/hour over 30 min.
Methylprednisolone IV	100mg and Diphenhydramine PO	30 min prior to infusion, activate vial, withdraw 1.6mL/100mg, inject into 50mL 0.9% NS. Infuse intravenously 104mL/hour over 30 minutes.
Methylprednisolone IV	100mg and Diphenhydramine IV SIG	Activate vial, withdraw 1.6mL/100mg. Inject 100mg (1.6mL) intravenous push 0.2mL per minute for 8 minutes, may increase to 0.4mL per minute for 4 minutes based on absence of infusion reactions (nausea, vomiting, headache, flushing, vital sign change) 30 minutes prior to infusion.
Methylprednisolone IV	125mg SIG	30 minutes prior to infusion, activate vial, withdraw 2mL/125mg, inject into 100mL 0.9% NS. Infuse intravenously 204mL/hour over 30 minutes.
Methylprednisolone IV	250mg SIG	30 minutes prior to infusion, activate vial, withdraw 4mL/250mg, inject into 100mL 0.9% NS. Infuse intravenously 208mL/hour over 30 minutes.
Methylprednisolone IV	500mg SIG	30 min prior to infusion, activate vial, withdraw 8mL/500mg, inject into 100mL 0.9% NS. Infuse intravenously 216mL/hour over 30 minutes.
Methylprednisolone IV	125mg vial and Bacteriostatic water	Reconstitute Methylprednisolone 125mg with 2mL of Bacteriostatic water for injection. Withdraw 1.6mL/100mg. a. Inject 100mg (1.6mL) intravenous push 0.2mL per minute for 8 minutes, may increase to 0.4mL per minute for 4 minutes based on absence of infusion reactions (nausea, vomiting, headache, flushing, vital sign change) 30 minutes prior to infusion. b. Withdraw 1.6mL and inject into 50mL 0.9% NS. Infuse intravenously 104mL/hour over 30 minutes. 30 minutes prior to infusion.
Famotidine IV	20mg	30 minutes prior to infusion, withdraw 2mL and inject into 100mL 0.9% NS. Infuse intravenously 204mL/hour over 30 minutes.
Famotidine IV	10mg	30 minutes prior to infusion, withdraw 1mL and inject into 100mL 0.9% NS. Infuse intravenously 202mL/hour over 30 minutes.