sage infusion

BRIUMVI *(ublituximab)* Infusion Order

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ **DOB**: _____ **Gender:** ☐ M ☐ F

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____ **Ht:** _____ **Wt:** _____

Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list

☐ **NKDA** ☐ **Allergies:** _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____

Provider NPI: _____ **Phone:** _____ **Fax:** _____

Practice Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

REQUIRED INFORMATION

Documentation:

☐ Recent clinical and/or office visit notes supporting primary diagnosis

☐ Recent Hepatitis B panel result

MEDICATION ORDERS

ICD-10 Diagnosis Codes: ☐ **G35.A** Relapsing-Remitting Multiple Sclerosis ☐ **Other:** _____

☐ **New to Therapy** ☐ **Continuation of Therapy:** Date of last dose (if applicable): _____

Pre-medication:

☐ Acetaminophen1000mg PO
☐ Diphenhydramine 25mg PO
☐ Ceterizine 10mg PO
☐ Solu-Medrol 125mg IVP
☐ Solu-Cortef 100mg IVP
☐ Diphenhydramine 25mg IVP

DOSING/FREQUENCY:

☐ **Loading dose: 150mg** followed by **450mg** 2 weeks later

☐ **Maintenance dose: 450mg** given 24 weeks after 1st dose and then every 24 weeks thereafter

☐ **Refills:** _____ *(if not indicated prescription will expire one year from date signed)*

Sage Infusion Standing Orders:

☑ Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

_____ Provider Name

_____ Provider Signature

_____ Date

Fax Number

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