Kane Hall Barry INFUSION

kanehallbarry.com Bedford | Keller (817) 553-1325 (817) 553-1393

PATIENT CENTERED QUALITY CARE SINCE 1995

BRIUMVI Orders

Please type or print. Complete ALL fields and fax to 817-553-1393. An incomplete form will delay the processing/scheduling of the patient. Thank you for your referral and allowing us to partner with you in the care of your patient. Call 817-553-1325 with any questions.

Patient Name: _____ **DOB:** _____

Phone: _____ **Allergies:** _____

Weight: _____ ☐**lbs/**☐ **kg** **Primary Diagnosis** Multiple Sclerosis **ICD-10:** G35

(Please include supporting documentation with referral to avoid delay)

Prior to infusion, please obtain and send results with your order:

- ❑ HBV screening --Core antibody (HBcAb), surface antigen (HBsAg) within the last 6 months.
- ❑ Serum Immunoglobulin labs within the last 6 months. Repeat these labs every 6 months.
- ❑ Patient Demographics including copies of insurance cards
- ❑ Last office visit notes and MRI (include supporting documentation to avoid delay in processing)

Prescription:

- Start Peripheral IV Saline lock.
- Flush IV line with 3 to 10ml 0.9% Sodium Chloride before and after IV medication administration.

Administer as premeds:

- Diphenhydramine 25 mg PO 30 minutes prior to treatment
- Methylprednisolone 100 mg IV -infuse over 30 minutes.
- Acetaminophen 1 gram PO 30 minutes prior

Other:_____

PLEASE CHECK ALL THAT APPLY:

- ❑ **Loading Dose** –BRIUMVI 150 MG IV in 250 ML 0.9% Normal saline -administer over 4 hours following rate protocol per policy. **Monitor 1 hour after infusion completion.**
- ❑ **Second Infusion** (2 weeks after loading dose)-BRIUMVI 450 mg IV in 250 ML 0.9% Normal Saline - administer over 1 hour following rate protocol per policy. **Monitor 1 hour after infusion completion.**
- ❑ **Third Infusion** (24 weeks after first infusion)-BRIUMVI 450 MG IV in 250 ML 0.9% Normal Saline - administer over 1 hour following rate protocol. **Monitor 1 hour after infusion completion**.
- ❑ **Subsequent Doses** (to be given every 6 months)-BRIUMVI 450 MG IV in 250ML 0.9% Normal Saline- administer over 1 hour following rate protocol. ****NO OBSERVATION HOUR REQUIRED AFTER COMPLETION AS LONG AS PATIENT HAS HAD NO ADVERSE REACTIONS WITH PREVIOUS INFUSIONS****
- ❑ Labs to be done at infusion center: _____

Ordering Provider Information

Name _____

NPI # _____

Signed _____ Date_____

Office contact name and number

_____

*ORDER EXPIRES IN ONE YEAR.

Updated 11/11/24.