

Briumvi Infusion Orders

Patient Name: _____ DOB: _____ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) _____

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

☐ NKDA Allergies: _____

Ordering Provider: _____

Provider NPI: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

PRE-MEDICATION

- | | |
|---|--|
| ☒ Acetaminophen 1000mg PO | ☒ Solu-Medrol 125mg IVP |
| ☐ Diphenhydramine 25mg PO | ☐ Solu-Cortef 100mg IVP |
| ☐ Ceterizine 10mg PO | ☒ Diphenhydramine 25mg IVP |

*Patient will receive above premeds per Noble Infusion Medication Safety Protocol unless different premeds are noted below

☐ Other PreMeds: _____

REQUIRED DOCUMENTS

- ☒ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

BRIUMVI ORDER

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

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

Noble Infusion Standing Orders:

- ☒ Provide treatment under Noble Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name

Provider Signature

Date