

<b>PATIENT DETAILS</b>		<b>*Affix patient Addressograph if available</b>	
SURNAME: _____		FIRST NAME(S): _____	
DATE OF BIRTH: ____/____/____		MRN: _____	



## NDMS Multiple Sclerosis Patient Eligibility Form Ublituximab (Briumvi®)

**Form must be completed in full and saved securely in the patient's medical record for audit purposes only**

TREATMENT	HSE APPROVED INDICATION	ICD10	Protocol Code
<b>Ublituximab (Briumvi®)</b>	Ublituximab (Briumvi) is indicated for the treatment of adult patients with relapsing forms of multiple sclerosis (RMS) with active disease defined by clinical or imaging features	<b>G35</b>	<b>MS104</b>

ELIGIBILITY		YES	NO
Indication as per Protocol MS104			
Eligibility criteria in Protocol MS104 have been satisfied			
EXCLUSIONS		YES	NO
All exclusion criteria laid out in protocol MS104 have been considered			
PREVIOUS MEDICATION(S) FOR MULTIPLE SCLEROSIS			
Name of Medicine (in order of use; 1. = first line etc.)	Reason for change in treatment (please tick)		
	Adverse Event	Loss of Response	Other Reason
1.			
2.			
3.			
4.			
5.			
PRESCRIBER DETAILS			
Prescriber Name			
Medical Registration Number			
ELIGIBILITY FORM COMPLETED BY			
Name			
Date			

Protocol: MS - Ublituximab	Published: November 2024 Review: November 2026	Version Number: 1
AIDMP Protocol Code: MS104	Contributor: Prof Christopher McGuigan as Multiple Sclerosis Lead for the National Clinical Programme for Neurology	Page 1 of 1
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