



Fax Order To: 888-360-2455  
Phone: 877-428-7248

**BRIUMVI (ublituximab-xiyy)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis
- Hepatitis B antigen and Hepatitis B Core total antibody required, Serum Immunoglobulins recommended.
- Last MRI

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:** Multiple Sclerosis (ICD-10: \_\_\_\_\_)

**J Code:** J2329

**BRIUMVI ORDERS**

**Loading Dose:** 150MG IV, followed by 450mg IV 2 weeks later

**Subsequent Dose:** 450mg IV every 24 weeks

**Protocol Pre-medication Orders:**

Solu-Medrol 100mg IV     Benadryl 25mgIV     Tylenol 650mg PO    Other \_\_\_\_\_

**Required labs to be drawn by:**  Infusion Center  Referring Physician    **Lab orders:** \_\_\_\_\_

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	