



Fax Order To: 281-406-1047
Phone: 281-406-1046

**BRIUMVI (ublituximab-xiiy)
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

Patient Name:	DOB:
Allergies:	Patient Phone:

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:

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	