

Briumvi (ublituximab-xiyy) ORDER FORM

REFERRAL TYPE

- New Referral
 Order Renewal
 Restart
 Frequency Change
 Dosage Change

PREFERRED LOCATION

<input type="checkbox"/> 2730 University Blvd. West Suite 714 Wheaton, MD 20902	<input type="checkbox"/> 14995 Shady Grove Road Suite 250 Rockville, MD 20850	<input type="checkbox"/> 5454 Wisconsin Avenue Suite 600 Chevy Chase, MD 20815
<input type="checkbox"/> 18111 Prince Philip Drive Suite 323 Olney, MD 20832	<input type="checkbox"/> 161 Thomas Johnson Drive Suite 250 Frederick, MD 21702	<input type="checkbox"/> 2021 K Street, NW Suite 300 Washington, DC 20006
<input type="checkbox"/> 8270 Willow Oaks Corporate Drive Suite 150 Fairfax, VA 22031		

PATIENT INFORMATION

Name:	DOB:	Email:
Address:	Weight: KG LBS	Phone:

REFERRING PHYSICIAN INFORMATION

Name:	NPI:
Office Contact Name:	Phone: Fax:
Address:	

BRIUMVI ORDER

WE DO NOT ACCEPT OFF-LABEL DIAGNOSIS, DOSE AND FREQUENCY

Dosing/Frequency:

- Loading Dose: 150mg IV at week 0
 Second Dose: 450mg IV 2wks after loading
 Maintenance Dose: 450mg IV q 24 weeks

Diagnosis:

- G35— Multiple Sclerosis

Please identify the type of MS the patient has been diagnosed with:

- Relapsing-remitting MS
 Secondary-progressive MS
 Primary-progressive MS
 Progressive-relapsing MS

Other Diagnosis: _____

Physicians Signature: _____ Date: _____ *(Order is Valid for One Year)*

REQUIRED DOCUMENTATION

Missing required documentation may delay treatment

Please fax the following documents and records:

- Patient Demographics
- Two most recent office notes (Supporting the DX and treatment ordered)
- Most recent labs that include values for:
- CMP, CBC, HBV Surface Antigen, Quantative serum immunoglobulins
- Copy of the patient's insurance card(s) – front and back
- Medication History
- For continuation of treatment, include the last infusion note

We will contact the patient and schedule their treatment once our benefit investigation and any prior authorizations have been completed.