

Date: \_\_\_\_\_

Treatment Location: \_\_\_\_\_

**PROVIDERS: Please include the following to expedite the order.**

Most Recent Office Visit Note, Insurance Info, Medication List  
Hep B Negative Results & quantitative serum immunoglobulin screening  
Has patient tried & failed the following medications:  
 Ocrevus  Tysabri  Other: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Patient Contact Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs / kg Height: \_\_\_\_\_

Diagnosis:  G35.1  G35  G35.11

Other Dx/ICD10: \_\_\_\_\_

## PRESCRIBER INFORMATION

Prescriber's Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Center will use Hypersensitivity protocol established by Infusion for Health and P.I**

**The following medications will be administered per prescribing information:**

Diphenhydramine  25mg  PO

Methylprednisolone  100mg  IV

### Additional:

Acetaminophen  325mg  500mg  650mg  PO  Other \_\_\_\_\_  N/A

Normal Saline Bolus  250mL  500mL  IV  Other \_\_\_\_\_  N/A

## BRIUMVI DOSAGE

Date of Last Treatment, If Continuation: \_\_\_\_\_

Dose: 150mg/6 mL (25 mg/mL) in a single-dose vial Route:  IV

**First infusion:** 150mg/250mL NaCl **Second and subsequent infusions:** 450mg/250mL NaCl

Frequency: Weeks 0, 2, 24

Maintenance Q24 Weeks

Start Date of Infusion: \_\_\_\_\_

*To ensure that a brand name product be dispensed, the prescriber must handwrite "Brand Medically Necessary" on prescription form. If not indicated, Infusion for Health is authorized to administer generic or biosimilar.*

**Lab Orders:**  List: \_\_\_\_\_

Prior to first appointment  Other Frequency: \_\_\_\_\_

Please check this box if you **DO NOT** authorize Infusion for Health to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

Please check this box if you **DO NOT** authorize Infusion for Health to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.