

Treatment Location: _____

PROVIDERS: Please include the following to expedite the order:

Patient Demographics, Most Recent Office Visit Note, Insurance Information, Hepatitis B Test

PATIENT INFORMATIONReferral Status: New Referral Updated Order Order Renewal

Date: _____ Patient Name: _____ Patient Phone: _____ DOB: _____

ICD-10 code (required): G35 ICD Description: _____

Allergies: _____ Weight (lbs/kg): _____ Height: _____

Patient Status: New to Therapy Continuing Therapy Last Treatment Date: _____ Next Due Date: _____**PROVIDER INFORMATION**

Referral Coordinator Name: _____ Referral Coordinator Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

NURSING

- Center will use Hypersensitivity protocol established by Infusion for Health and PI
- Hep B (HBsAg and anti-HBc) Test Results (list & attach clinicals):

Based on the manufacturer PI, most payors require a quantitative serum immunoglobulin screening prior to Briumvi induction.

- I have attached results from a recent quantitative serum immunoglobulin test (list results here & attach clinicals)

PRE-MEDICATION ORDERS

It is recommended to premedicate patients with an antihistamine and methylprednisolone (or equivalent corticosteroid) 30-60 minutes prior to each infusion.

- Diphenhydramine 25mg 50mg PO IV
- Acetaminophen 500mg 650mg PO
- Methylprednisolone 40mg 125mg IV
- Other: _____
Dose: _____ Route: _____ Frequency: _____

LABORATORY ORDERS

- Quantitative Serum Immunoglobulin every _____
- Urine Pregnancy at each dose every _____
- CBC at each dose every _____
- CMP at each dose every _____
- 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.

THERAPY ADMINISTRATION

- Briumvi Intravenous Infusion
 - Induction:
First infusion: 150mg IV infusion over 4 hours
Second infusion: 450mg IV infusion over 1 hour administered two weeks after first infusion
 - Maintenance:
Subsequent infusions: 450mg IV infusion over 1 hour administered 24 weeks after first infusion and every 24 weeks thereafter
- Monitor patients for 1 hour after the completion of the first two infusions
- Refills: Zero / for 12 months / _____
(if not indicated order will expire one year from date signed)

To ensure that a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, I4H is authorized to administer a generic or biosimilar.

Provider Name (Print)	Provider Signature	Date
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- 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.