

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Phone: _____

Patient Sex: ____ Patient Weight: ____ kg Patient Height: ____ in Patient Email: _____

Patient Status: New Patient Continuing Therapy Last Infusion Date (if applicable): _____

DIAGNOSIS DETAILS

Multiple Sclerosis (ICD-10 Code: G35)

Other: _____ ICD-10 code: _____

Allergies: _____

ORDER DETAILS FOR BRIUMVI (UBLITUXIMAB-XIIY)

Briumvi (Ublituximab-xiiy):

First Infusion: 150mg IV

Second Infusion: 450mg IV 2 weeks later

Subsequent Infusion: 450mg IV every 24 weeks

Pre-medications:

Acetaminophen 650mg PO

Solu-Medrol 100mg IV

Diphenhydramine 25mg PO or IV

Hydrocortisone 100mg IV

Methylprednisolone 125mg IV

Other Pre-medications: _____

Infusion Reaction Protocol:

[Pure Infusion Reaction Protocol](#)

Other Reaction Protocol (Please send protocol with order)

ANCILLARY ORDERS

Lab Orders: _____ Lab Frequency: _____

Additional Orders: _____

PROVIDER INFORMATION

Practice Name: _____ Provider Name: _____

Signature: _____ Date: _____ Time: _____

Contact Person: _____ Contact Ph: _____ Email: _____

NPI #: _____ Office Ph: _____ Office Fax: _____

PURE INFUSION SUITES PREFERRED LOCATION

City: _____ State: _____

PATIENT INFORMATION

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REQUIRED DOCUMENTATION FOR EXPEDITED ORDER PROCESSING & INSURANCE APPROVAL

- Include completed order, signed by provider (page 1)
- Include patient insurance information
- Include patient's medication list
- Supporting clinical notes (H&P) support primary diagnosis
 - Expanded Disability Status Scale (EDSS) score: _____
- Include labs and/or test results to support diagnosis
 - MRI
- If applicable - Last known biological therapy: _____ and last date received: _____.
If patient is switching to biologic therapies, please perform a wash out period of _____ weeks prior to starting Briumvi.
- Other medical necessity: _____

ADDITIONAL REQUIRED INFORMATION

- Hepatitis B screening test completed. This includes Hepatitis B antigen and Hepatitis B core antibody total (not IgM) - attach results Positive Negative
- Serum Immunoglobulins (recommended)

Pure Healthcare will provide all necessary documents to the patient's insurance company to confirm eligibility. Our patient-obsessed will inform you if further details are needed. Additionally, we'll discuss financial obligations with the patient and direct them to co-pay assistance options as required.

**Please submit BOTH pages & ALL supporting documentation.
Fax to 801.931.2631 or Email to intake@purehealthcare.com**