

BriumviTM **Enrollment Form**

=	Fax Referral To: 877-828-3941
8	Phone: 877-828-3940
\succ	referrals@infucarerx.com
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Date Required:	Ship To: Patient	MD Office Other:			
	NFORMATION		ESCRIBER INFORMATION		
Patient Name:		_ Prescriber Name:			
		Phone:			
	2 1				
	Gender:		NPI #: _		
Emergency Contact:	Phone:	_ Contact Person:		`	
	INFORMATION (Please attach the f				
		ID:			
Prescription Card:	ID:	BIN:	PCN:		
To better serve your	patient and facilitate insurance	e authorization, please coi	mplete the pertinent s	ections:	
Primary Diagnosis:	DIAGNOSIS/CLI	NICAL INFORMATION			
G35.A Relapsing-remitting multiple scl	erosis	Therapy: New	Reauthorization	Restart	
G35.B0 Primary progressive multiple so	•	Buy & Bill Home			
G35.B1 Active primary progressive mul G35.B2 Non-active primary progressive	*	Prior Treatments Tried & Failed	d:		
G35.C0 Secondary progressive multiple					
G35.C1 Active secondary progressive n	*		Tucatanaa	t Datas	
G35.C2 Non-active secondary progress	ive multiple sclerosis	Treatment Response:			
G35.D Multiple sclerosis, unspecified		Patient Weight:			
Other ICD-10:		Allergies:			
Hepatitis B Virus Screening: Date	:		Lab Data:		
Negative Positive		Concomitant Medications:			
0 1 1 0 707 1	Data	Comorbiditios.			
Quanitative Serum IG Level:(attach clinicals for both)	Date:	Comorbiditios.			
(attach clinicals for both)		Comorbiditios.			
		Comorbiditios.			
(attach clinicals for both) Number of Relapses the past year:		Comorbiditios.			
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis:	MRI Changes: Yes No	Comorbidities:			
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis:	MRI Changes: Yes No PRESCRIPTIO	Comorbiditios.			
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication:	MRI Changes: Yes No PRESCRIPTIO Dose/Strength:	Comorbidities: ON INFORMATION		Quantity/Refills:	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o	Comorbidities: ON INFORMATION ever 4 hours		Quantity/Refills: Dispense:	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication:	MRI Changes: Yes No PRESCRIPTIO Dose/Strength:	Comorbidities: ON INFORMATION ever 4 hours		Quantity/Refills:	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy)	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min,	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t		Quantity/Refills: Dispense:	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy)	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t	then	Quantity/Refills: Dispense: 150mg (1 vial)	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions)	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV	Comorbidities: ON INFORMATION Ever 4 hours 1, 20mL/hr x 30 min, 35mL/hr x 1hr to Ever 1 hour 1 then 400mL/hr for the remaining 3	then 0 mins	Quantity/Refills: Dispense: 150mg (1 vial) Dispense:	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first	then 0 mins	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials)	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM (ublituximab-xiiy)	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour.	then 30 mins two infusions	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials)	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 450	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour.	then 30 mins two infusions	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials)	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM (ublituximab-xiiy)	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 450 As tolerated, start at 100mL/hr x 30 min	Ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour. n then 400mL/hr for remaining 30 m	then 0 mins two infusions	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials)	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM (ublituximab-xiiy) Subsequent doses (one infusion)	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 450 As tolerated, start at 100mL/hr x 30 min	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour.	then 0 mins two infusions	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials)	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM (ublituximab-xiiy) Subsequent doses (one infusion)	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 450 As tolerated, start at 100mL/hr x 30 min PREMEDICATION ORD	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour. n then 400mL/hr for remaining 30 m ERS/OTHER MEDICATIO	then 0 mins two infusions nins	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials) with 1 refill	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM (ublituximab-xiiy) Subsequent doses (one infusion)	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 45t As tolerated, start at 100mL/hr x 30 min PREMEDICATION ORDI	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour. n then 400mL/hr for remaining 30 m ERS/OTHER MEDICATIO 0 units per mL	then 0 mins two infusions nins NS 250mL 0.9% NaC	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials) with 1 refill	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM (ublituximab-xiiy) Subsequent doses (one infusion) Flush Protocol NaCl 0.9% 5mL NaCl 0.9% 10mL	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 45t As tolerated, start at 100mL/hr x 30 min PREMEDICATION ORDI	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour. n then 400mL/hr for remaining 30 m ERS/OTHER MEDICATIO	then 0 mins two infusions nins	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials) with 1 refill	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM (ublituximab-xiiy) Subsequent doses (one infusion) Flush Protocol NaCl 0.9% 5mL NaCl 0.9% 10mL Premedications & Other Medications	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 450 As tolerated, start at 100mL/hr x 30 min PREMEDICATION ORD Heparin 1 Heparin 1	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour. n then 400mL/hr for remaining 30 m ERS/OTHER MEDICATIO 0 units per mL 00 units per mL	then o mins two infusions nins NS 250mL 0.9% NaC Other:	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials) with 1 refill	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusion reactions duri Briumvi TM (ublituximab-xiiy) Subsequent doses (one infusion) Flush Protocol NaCl 0.9% 5mL NaCl 0.9% 10mL Premedications & Other Medications Infusion supplies as per protocol	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 450 As tolerated, start at 100mL/hr x 30 min PREMEDICATION ORD Heparin 1 Heparin 1 Acetaminophen (Tylenol) PO 30-6	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour. n then 400mL/hr for remaining 30 m ERS/OTHER MEDICATIO 0 units per mL 00 units per mL	then o mins two infusions ins NS 250mL 0.9% NaC Other: 325mg 500mg	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials) with 1 refill	
(attach clinicals for both) Number of Relapses the past year: Date of Diagnosis: Date of last MRI: Medication: Briumvi TM (ublituximab-xiiy) Initial Dose (two infusions) * Monitor for infusion reactions duri Briumvi TM (ublituximab-xiiy) Subsequent doses (one infusion) Flush Protocol NaCl 0.9% 5mL NaCl 0.9% 10mL Premedications & Other Medications	MRI Changes: Yes No PRESCRIPTIO Dose/Strength: Day 1: 150mg in 250mL 0.9% NaCl IV o As tolerated, start at 10mL/hr x 30 min, 100mL/hr for remaining 2 hours Day 15: 450mg in 250mL 0.9% NaCl IV As tolerated, start at 100mL/hr x 30 min ng infusion and observe for at least 1 h Every 24 weeks starting from Day 1: 450 As tolerated, start at 100mL/hr x 30 min PREMEDICATION ORD Heparin 1 Heparin 1	ON INFORMATION ver 4 hours , 20mL/hr x 30 min, 35mL/hr x 1hr t over 1 hour n then 400mL/hr for the remaining 3 our after completion of the first 0mg/250mL IV over 1 hour. n then 400mL/hr for remaining 30 m ERS/OTHER MEDICATIO 0 units per mL 00 units per mL 0 mins prior to infusion IVP 30 mins prior to infusion	then o mins two infusions nins NS 250mL 0.9% NaC Other:	Quantity/Refills: Dispense: 150mg (1 vial) Dispense: 450mg (3 vials) Dispense: 450mg (3 vials) with 1 refill	

Prescriber Signature:	Date: