

## Infusion Order Form

### Patient Information:

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Phone Number**

### Medical Information:

Primary Diagnosis:

☐ Multiple Sclerosis

ICD-10 Code: G35

☐ Other \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ (or attach list)

### Clinical Information – Please include with Completed Order Form:

- Patient Demographic and Insurance Information
- Clinical notes supporting primary diagnosis
- Medication List
- Required Information:
  - Previously trialed and failed therapies
  - Recent labs including:
    - Hepatitis B Screening Results
    - Quantitative Serum Immunoglobulin Screenings

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

### Briumvi® (ublituximab) Orders:

☐ Loading Dose

First Infusion : Administer 150 mg intravenously over four (4) hours

Second Infusion: Administer 450 mg intravenously over 1 hour two weeks after the first infusion

☐ Maintenance Regimen

Administer 450 mg intravenously over one (1) hour every 24 weeks (24 weeks after the first infusion)  
for two total doses (Requires 6 \* 150 mg vials)

**Pre-Medication Orders:** Acetaminophen 650 mg PO, Diphenhydramine 50 mg IV and methylprednisolone 125 mg IV administered 30 minutes prior to the Briumvi infusion (Adjust PRN)

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

### Prescriber Information:

By signing this form and requesting these services from Revitalize, I authorize Revitalize and it's clinical team to serve as my Prior Authorization Agent with the Patient's Insurance Provider(s).

\_\_\_\_\_  
**Prescriber's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Prescriber's Printed Name**

\_\_\_\_\_  
**Contact Phone #:**

For Information About Revitalize and or Infusion Plus, please scan the QR code below:



Revitalize



Revitalize Locations



InfusionPlus

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