

Briumvi® (ublituximab-xiiv) Referral Form



Patient Preferred Clinic (select one):

PATIENT INFORMATION

Referral Status:

New Referral

Updated Order

Order Renewal

DOB:	Patient Name:	Patient Phone:	
Patient Address:	Patient Email:		
NKDA Allergies:	Weight (lbs/kg):	Height:	
ICD-10 code (required):	ICD-10 description:	Last Treatment Date:	Last 4 SSN:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

Infusion to be administered per VIVO protocols.

LABORATORY ORDERS

CBC	At each dose	Every _____
CMP	At each dose	Every _____
CRP	At each dose	Every _____

**Vivo Infusion will perform pregnancy screening prior to every infusion per Vivo policy

PREMEDICATIONS

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO
cetirizine (Zyrtec) 10mg PO
loratadine (Claritin) 10mg PO
diphenhydramine (Benadryl) 25 mg 50 mg PO IV
methylprednisolone (Solu-Medrol) 40mg 125mg IV
hydrocortisone (Solu-Cortef) 100mg IV
Other: _____
Dose: _____ Route: _____

BRIUMVI THERAPY ADMINISTRATION

Loading Dose: 150mg IV, followed by 450mg IV 2 weeks later, then 450mg IV every 24 weeks x 1 year

450mg IV every 24 weeks x 1 year

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Quantitative Immunoglobulin

Hep B Surface Antigen and Core AB

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions. **Order is valid for one year unless otherwise noted**

Provider Name (Print)	Provider Signature	Date
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Fax Numbers	Nevada: 702-489-5744	Massachusetts: 203-724-4838	Have a Question? (720) 902-4111 Email Referrals To: referrals@vivoinfusion.com
Colorado: 303-418-4679	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	
Florida: 904-930-4211	Ohio: 216-400-0674	New York: 203-724-4838	
Texas: 469-340-0044	Oklahoma: 918-770-4421	Connecticut: 203-724-4838	

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