

Briumvi Order Form

Pre-filled order form for Briumvi (ublituximab) — Newer-generation MS B-cell therapy

REFERRING PROVIDER

PROVIDER NAME	NPI	DEA (IF CONTROLLED)	SPECIALTY
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PRACTICE / CLINIC NAME	OFFICE PHONE	OFFICE FAX
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OFFICE CONTACT NAME	CONTACT PHONE	CONTACT EMAIL
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PATIENT INFORMATION

PATIENT LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH	SEX	PATIENT PHONE	BEST TIME TO CONTACT
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ADDRESS	CITY, STATE, ZIP
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INSURANCE

PRIMARY INSURANCE	MEMBER ID	GROUP #
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SECONDARY INSURANCE (IF ANY)	MEMBER ID	GROUP #
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DIAGNOSIS & CLINICAL JUSTIFICATION

PRIMARY DIAGNOSIS	ICD-10 CODE
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SECONDARY DIAGNOSIS (IF APPLICABLE)	ICD-10 CODE
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Common indications for this medication: *Relapsing forms of multiple sclerosis (RRMS, SPMS, CIS)*

BRIEF CLINICAL SUMMARY / JUSTIFICATION FOR THERAPY



Form code: ARB-ORDER-BRIUMVI · Submit to Arbor Infusion Therapy by fax to [FAX NUMBER] or via secure portal. Arbor will confirm receipt within one business day and begin prior authorization the same day. Questions: [PHONE] · hello@arborinfuse.com