

PATIENT INFORMATION

PATIENT NAME		DATE OF BIRTH	PHONE
WEIGHT		ALLERGIES	PATIENT STATUS ☐ New ☐ Continuing

REFERRING PRESCRIBER & INSURANCE

PRESCRIBER NAME	NPI #	PHONE	FAX
PRIMARY INSURANCE	POLICY #	GROUP #	NEXT TREATMENT DATE

DIAGNOSIS ICD-10 required

- ☐ G35 Multiple sclerosis — covers relapsing-remitting, active secondary progressive and primary progressive disease
- ☐ G37.9 Demyelinating disease of the central nervous system, unspecified — used for clinically isolated syndrome

ICD-10-CM has a single code for multiple sclerosis. There is no separate RRMS or SPMS code — the phenotype is documented in the clinical notes.

OTHER ICD-10	DIAGNOSIS DESCRIPTION	EDSS SCORE
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BRIUMVI ORDER check one

- ☐ **Initial dosing** — full schedule below, for patients new to Briumvi

INFUSION	DOSE	TIMING	APPROXIMATE DURATION
First infusion	150 mg IV	Day 1	4 hours, titrated
Second infusion	450 mg IV	2 weeks after the first	1 hour
Subsequent infusions	450 mg IV	Week 24, then every 24 weeks	1 hour

- ☐ **Maintenance dosing** — 450 mg IV every 24 weeks (patients continuing Briumvi from another site)

- ☐ **Other dosing:** _____

Observe the patient for at least 1 hour after the first two infusions.

PRE-MEDICATION before every infusion, unless contraindicated

Corticosteroid	☐ Methylprednisolone (Solu-Medrol) 100 mg IV about 30 minutes before ☐ Equivalent corticosteroid: _____
Antihistamine	☐ Diphenhydramine 25 mg ☐ PO ☐ IV ☐ Cetirizine 10 mg ☐ PO ☐ IVP ☐ Loratadine 10 mg PO — 30 to 60 minutes before
Antipyretic	☐ Acetaminophen (Tylenol) ☐ 650 mg ☐ 1,000 mg PO about 30 minutes before
Additional	☐ _____

REQUIRED BEFORE THE FIRST DOSE insurance will not approve without these — please attach results

- ☐ Hepatitis B screening — surface antigen and core antibody total (not IgM)
Result: ☐ Negative ☐ Positive ☐ Attached
- ☐ Quantitative serum immunoglobulins
- ☐ Liver function tests — ALT, AST, alkaline phosphatase, bilirubin
- ☐ Vaccinations current — live or live-attenuated at least 4 weeks before, non-live at least 2 weeks before the first dose

If positive, attach documentation of treatment or medical clearance. Briumvi is contraindicated in active hepatitis B.

LABS, OTHER ORDERS & DOCUMENTATION

Lab orders	Labs: _____ Frequency: _____ Drawn by: ☐ LIVbetter ☐ Referring provider
Other orders	_____
Prior therapy	Last biologic: _____ Last dose received: _____ Washout before Briumvi: _____ weeks
Attach	☐ Signed order ☐ Demographics + insurance ☐ Medication list ☐ Clinical notes incl. tried / failed therapy ☐ MRI ☐ Other: _____

PRESCRIBER SIGNATURE required — we cannot schedule without it

By signing, you authorize LIVbetter Infusions to act as your prior authorization and specialty pharmacy designated agent with insurance companies and to select the site of care. Where your state requires it, check "Dispense as written" to prevent generic substitution.

PRESCRIBER SIGNATURE X	DATE	DISPENSE AS WRITTEN ☐ Yes
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