

## *Briumvi Request Form*

2301 Evesham Road, Building 800, Suite 115  
Voorhees, New Jersey 08043  
T. (866)497-0905  
F.(609)228-9798 attn: Idyllic Infusion Coordinator

MEDICATION REQUESTED	
<b>DATE:</b>	
<b>NAME OF DRUG BEING REQUESTED:</b> <span style="float: right;"><b>Briumvi</b></span>	
REFERRING PROVIDER INFORMATION	
<b>Requesting Provider Name NPI Tax ID#</b>	<b>Name: NPI: Tax ID#</b>
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Practice Contact (Name/Extension/email)</b>	<b>Email: Phone Number: <span style="float: right;">Ext:</span></b>
<i>We will gladly remind your patient to schedule routine follow-up visits with your office.</i>	
<b>Return to Referring Provider (frequency): EVERY _____ WKS / MOS</b>	
<b>Patient Name</b>	
<b>Date of Birth</b>	/ /
<b>Weight/Height</b>	
<b>Insurance(s): include copies of front and back</b>	
<b>Preferred Treatment Location</b>	<input checked="" type="checkbox"/> Voorhees <input checked="" type="checkbox"/> Moorestown <input checked="" type="checkbox"/> Wall/Manasquan <input checked="" type="checkbox"/> Sewell <input checked="" type="checkbox"/> Hamilton <input checked="" type="checkbox"/> Galloway
<b>Primary Care Physician (Name / Phone Number)</b>	<b>PCP Name: PCP Phone Number:</b>

The referring provider is the primary provider responsible for medication management, labs, scripts, and the patient's treatment plan.

Name (last, first) \_\_\_\_\_ DOB: \_\_\_\_\_

**ALL OF THE FOLLOWING INFORMATION IS REQUIRED :**

Primary DX:  G35 Relapsing-Remitting  G35 Secondary Progressive

- NKDA
- Signed order from by the ordering physician
- Patient demographic and insurance information
- clinical/progress notes supporting primary DX
- Labs and Tests supporting primary diagnosis
- Hepatitis Test results: HBsAg & Total HepB Core Antibody
- Immunoglobulin panel

Current MS treatment and end of current therapy date:

Premedications required:

- Acetaminophen PO  500 MG  650MG  1000MG
- diphenhydramine PO/IV  25MG  50MG (If route is not selected PO will be administered)
- methylprednisolone  100MG
- non drowsy antihistamine
- Other

**PLEASE NOTE:**

- Please attach a copy of the medication order to this document. Prescription should include standard information as well as specific instructions if loading doses of desired RX is required. **\*\* NOTE \*\*** Please do NOT provide a prescription to the patient as they may become confused and attempt to fill at their local/specialty pharmacy.
  - **OUR OFFICE WILL PROVIDE & DISPENSE ALL REQUIRED MEDICATIONS**
  - *Our office will obtain all necessary prior authorizations required and any copay assistance if qualified.*
  - Please notify your patient that our office will contact them when we are ready to schedule. They do NOT need to call our office to set up an appointment.
  - *Please notify our office if medication will be discontinued.*
- Patient has been educated by the ordering provider on medication.

Ordering provider signature:

\_\_\_\_\_



ARBDA/IDYLLIC NPI: 1427622661  
85-1604336



TAX ID: