

Evkeeza® (evinacumab-dgnb) Referral Form



Preferred Clinic (select one):

PATIENT INFORMATION

New Referral

Updated Referral

Referral 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 Digits SSN:

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:
Physician Preferred Method of Contact:	Email:	Fax:	Phone:

STANDING ORDERS

☒ Infusion to be administered per Vivo protocols.

LABORATORY ORDERS

CBC w/ diff every _____

CMP every _____

OTHER _____

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

PREMEDICATIONS

acetaminophen (Tylenol) 500mg 650mg 1000mg PO

cetirizine (Zyrtec) 10mg PO

loratadine (Claritin) 10mg PO

diphenhydramine (Benadryl) 25mg 50mg PO IV

methylprednisolone (Solu-Medrol) 40mg 125mg IV

hydrocortisone (Solu-Cortef) 100mg IV

Other: _____

Dose: _____ Route: _____

EVKEEZA ADMINISTRATION

15 mg/kg IV every 4 weeks

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

Cholesterol (including LDL)

Genetic testing documenting 2 abnormal LDL-C-raising gene defects (LDLR, ApoB, PCSK9, LDLRAP1)

*Consider administering premedication for prophylaxis against infusion reactions and hypersensitivity reactions.

Provider Name (Print)

Provider Signature

Date

Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

Colorado: 303-418-4679

Massachusetts: 781-202-1629

New Jersey: 609-955-3711

Oklahoma: 918-770-4421

Virginia: 804-500-5941

Connecticut: 203-724-4838

Michigan: 833-957-2188

New York: 800-540-1852

Pennsylvania: 215-399-9244

Wisconsin: 414-600-5383

Florida: 904-930-4211

Minnesota: 763-290-0903

Ohio: 216-400-0674

Texas: 469-340-0044

Order is valid for one year unless otherwise noted.

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