

# Elfabrio® (pegunigalsidase alfa-iwxj) Referral Form



**Preferred Clinic** (select one):

## PATIENT INFORMATION

**Referral Status:** 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:

## 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 \_\_\_\_\_

OTHER \_\_\_\_\_

## ELFABRIO THERAPY ADMINISTRATION

1 mg/kg every 2 weeks

\_\_\_\_\_ every 2 weeks

Other: \_\_\_\_\_

## PREMEDICATIONS (RECOMMENDED)

- 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: \_\_\_\_\_

## REQUIRED DOCUMENTATION

- Patient Demographics
- Insurance Card/Information
- Progress Notes Supporting DX
- Current Medication List and H&P
- Confirmation of Fabry Disease by either molecular genetic testing or enzyme assay demonstrating an absence or deficiency of normal alpha-galactosidase

\_\_\_\_\_  
**Provider Name (Print) Provider Signature Date**

<b>Email Referrals To: referrals@vivoinfusion.com OR Fax Below</b>		<b>Have a Question? Call (720) 902-4111</b>	
Colorado: 303-418-4679	Michigan: 833-957-2188	New York: 800-540-1852	Texas: 469-340-0044
Connecticut: 203-724-4838	Minnesota: 763-290-0903	Ohio: 216-400-0674	Virginia: 804-500-5941
Florida: 904-930-4211	Nevada: 702-489-5744	Oklahoma: 918-770-4421	Wisconsin: 414-600-5383
Massachusetts: 781-202-1629	New Jersey: 609-955-3711	Pennsylvania: 215-399-9244	

\*\*Order is valid for one year unless otherwise noted\*\*