

Rybrevant® (amivantamab-vmjw) 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 **REQUIRED FOR INFUSION**

acetaminophen (Tylenol) 500 mg 650 mg 1000 mg PO
dexamethasone 10 mg IV
dexamethasone 20 mg IV
diphenhydramine (Benadryl) 25 mg 50 mg PO IV
methylprednisolone (Solu-Medrol) 40 mg 125 mg IV
hydrocortisone (Solu-Cortef) 100mg IV
Other: _____
Dose: _____ Route: _____

RYBREVANT ADMINISTRATION

Single Agent With Lazertinib (Not provided by Vivo. Patient must self-administer prior to appointment)

Patient less than 80 kg:
Week 1: Day 1 = 350 mg IV, Day 2 = 700 mg IV
Weeks 2-5: 1,050 mg IV weekly
Week 6: No dose
Week 7+: 1,050 mg every 2 weeks

Patient greater than or equal to 80 kg:
Week 1: Day 1 = 350 mg IV, Day 2 = 1,050 mg IV
Weeks 2-5: 1,400 mg IV weekly
Week 6: No dose
Week 7+: 1,400 mg every 2 weeks

Other: _____

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX

Current Medication List and H&P

EGFR gene mutation test results

If taking Lazertinib, patient will receive anticoagulant prophylaxis to prevent venous thromboembolic (VTE) events for the first four months of treatment.

Provider Name (Print)	Provider Signature	Date
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Email Referrals To: referrals@vivoinfusion.com OR Fax Below

Have a Question? Call (720) 902-4111

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****

Creation Date 11/2025