

**Pombiliti™ (cipaglusosidase alfa-atga) & Opfolda™ (miglustat) 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: \_\_\_\_\_

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

**POMBILITI ADMINISTRATION**

20 mg/kg intravenously every other week.

**OPFOLDA ADMINISTRATION**

**Weight greater than or equal to 50 kg:** 260 mg PO 1 hour prior to each Pombiliti dose.

**Weight greater than or equal to 40 kg but less than 50 kg:** 195 mg PO 1 hour prior to each Pombiliti dose.

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

Patient to supply Opfolda and bring to each appointment.

**REQUIRED DOCUMENTATION**

- Patient Demographics
Insurance Card/Information
Progress Notes Supporting DX
Current Medication List and H&P
GAA enzyme assay or genetic confirmation test

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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