

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) 500mg 650mg 1000mg PO

dexamethasone 10mg IV

dexamethasone 20mg IV

diphenhydramine (Benadryl) 25mg 50mg PO IV

methylprednisolone (Solu-Medrol) 40mg 125mg 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	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.