

Niktimvo™ (axatilimab-csfr) 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.

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

LABORATORY ORDERS

CBC w/ diff every _____

CMP every _____

OTHER _____

AST, ALT, ALP, CPK, amylase, lipase every 2 weeks for first month of therapy, then every 2 months

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: _____

NIKTIMVO ADMINISTRATION

Dose: 0.3 mg/kg (maximum 35 mg) every 2 weeks

Other: _____

REQUIRED DOCUMENTATION

Patient Demographics

Insurance Card/Information

Progress Notes Supporting DX Current Medication List and H&P

Documentation of previous failure of 2 or more lines of systemic therapy

Aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP), creatine phosphokinase (CPK), amylase, and lipase

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.****

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

Revision Date 01/2026