Vermont 28 Park Ave Suite #1A Williston, VT 05495





VIMIZIM® (elosulfase alfa)

Provider _

ORDER FORM Date:

V 11V11Z_11V1 (elosulfase alfa)				
PATIENT INFORMAT			05V M D 5 D	
Name:	Phone:		DOB:	SEX: M F
□NKDA Allergies: Weight lbs/kg:				gnt ibs/kg:
PHYSICIAN INFORMATION				
Physician Name*:	Practice Name:		1-	44. –
Address:	Office Contact Name:		Office Contact #:	
Phone: Fax: Email (for updates):				
REFERRAL STATUS				
\square New Referral \square Referral Renewal \square Medication/Order Change \square Benefits Verification Only \square Discontinuation Order				
VIMIZIM®: UMIZIM is indicated for patients with Mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome). E76.210				
DOSAGE AND ADMINISTRATION: Recommended Dose Pre-treatment with antihistamines with or without antipyretics is recommended 30 to 60 minutes prior to the start of the infusion.		VIMIZIM OR PATIENT WEIG	GHT	
PRE-MEDICATION		kg	5	
□ Tylenol PO 650mg □1000 MG □other		DOSAGE		
□ Solumedrol 125mg IV □ other		□ 300mg IV		
□ Benadryl □25mg □50mg □other □ IV □PO		□ Other		
☐ Benadryl 50 mg ☐ or PO		EDECLIENCY		
☐ Medication DoseRoute		FREQUENCY		
(other)		□ 2 mg/kg Weekly		
(other)	(other)		A weeks	weeks
WARNINGS AND PRECAUTIONS https://www.vimizim.com/wp-content/uploads/2018/02/ Prescribing-Information.pdf				
WARNING: RISK OF ANAPHYLAXI Life-threatening anaphylactic reactions have occurred in some patients during VIMIZIM (elosulfase alfa) infusions. Anaphylaxis, presenting as cough, erythema, throat tightness, urticaria, flushing, cyanosis, hypotension, rash, dyspnea, chest discomfort, and gastrointestinal symptoms (e.g., nausea, abdominal pain, retching, and vomiting) in conjunction with urticaria, have been reported to occur during VIMIZIM (elosulfase alfa) infusions, regardless of duration of the course of treatment. Closely observe patients during and after VIMIZIM (elosulfase alfa) administration and be prepared to manage anaphylaxis. Inform patients of the signs and symptoms of anaphylaxis and have them seek immediate medical care should symptoms occur. Patients with acute respiratory		REQUIRED DOCUMENTATION CHECKLIST:		
		Patient Demographics		
		Insurance Card/Information		
		Recent Progres notes addressing VIMIZIM in note Recent labs to include CBC , CMP , and please send any other		
		recent labs.		
illness may be at risk of serious acute exacerbation of their recompromise due to hypersensitivity reactions, and require acmonitoring.	espiratory	Other		
	,			
ORDERING PROVIDER				
Signature X		Date	N	PI

______ Phone ______ Fax ___