Borough Park
1428 36th Street
Suite 107
Brooklyn, NY 11218

Forest Hills
64-05 Yellowstone Blvd
CF104
Forest Hills, NY 11375

NYC

E 56th & Park Midtown
120 East 56 Street
Suite 300
New York, NY 10022

E 70th St Upper East Side
225 E 70th Street
Suite 1E
New York, NY 10021

Sheepshead Bay
2546 East 17th Street
Fl, 1
Brooklyn, NY 11235

Long Island City
36-36 33rd
Suite 311
Long Island City, NY 11106

FIDI
30 Broad Street
Suite 401
New York, NY 10004

Central Park West
115 Central Park West
Suite 15
New York, NY 10023

Bronx
226 West 238th Street
Bronx, NY 10463

Massapequa
97 Grand Avenue
Massapequa, NY 11758

Gramercy
7 Gramercy Park West
Lower Level
New York, NY, 10003

ThrIVewell INFUSION
Office: 212-803-3339 Fax : 646-768-8600

Mission Medical

Tarrytown
555 Taxter Road
3rd Floor
Elmsford, NY 10523

Southampton
625 Hampton Road
Southampton, NY 11968

Manhasset
333 East Shore Road
Suite 201
Manhasset, NY 11030

Port Jefferson
12 Medical Drive
Suite B
Port Jefferson Station, NY 11776

Riverhead
1228 E Main Street
Suite A
Riverhead, NY 11901

Rockville Centre
165 North Village Avenue
Suite 133
Rockville Center, NY 11570

Staten Island
27 New Dorp Lane
Staten Island, NY 10306

Holbrook
233 Union Avenue
Suite 207
Holbrook, NY 11741

New Hyde Park
1991 Marcus Ave
Suite 110
Lake Success, NY, 11042

Woodbury
7600 Jericho Tpke,
Lower Level, Suite C500
Woodbury NY 11797

VIMIZIM® (elosulfase alfa) ORDER FORM

Date: _____

PATIENT INFORMATION

Name:	Phone:	DOB: SEX: M ☐ F ☐
☐ NKDA Allergies:		Weight lbs/kg:

PHYSICIAN INFORMATION

Physician Name*:	Practice Name:	
Address:	Office Contact Name:	Office Contact #:
Phone: Fax:	Email (for updates):	

REFERRAL STATUS

☐ New Referral ☐ Referral Renewal ☐ Medication/Order Change ☐ Benefits Verification Only ☐ Discontinuation Order

VIMIZIM®:

☐ VIMIZIM 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.

PRE-MEDICATION

Benadryl 25mg 50mg other _____ IV PO

☐ Tylenol PO 650mg ☐ 1000 MG ☐ other _____

☐ Solumedrol 125mg IV ☐ other _____

☐ ☐ ☐ ☐ ☐ ☐

☐ Benadryl 50 mg ☐ or PO

☐ Medication _____ Dose _____ Route _____

☐ _____ (other) ☐ _____ (other)

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 illness may be at risk of serious acute exacerbation of their respiratory compromise due to hypersensitivity reactions, and require additional monitoring.

VIMIZIM ORDERS

PATIENT WEIGHT

_____ lbs.

_____ kg

DOSAGE

☐ 300mg IV

☐ Other_____

FREQUENCY

☐ 2 mg/kg Weekly

☐ X _____ X weeks

☐ _____ weeks

Other_____

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.

_____ Other

ORDERING PROVIDER

Signature X _____ Date _____ **NPI**_____

Provider _____ Phone _____ Fax _____