

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

**Bronx**  
226 West 238th Street  
Bronx, NY 10463

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

**Crown Heights**  
555 Lefferts Avenue  
Brooklyn, NY 11225



**Manhattan**  
225 E 70th Street  
Suite 1E  
New York, NY 10021

**Manhattan/Gramercy**  
7 Gramercy Park West  
Lower Level  
New York, NY, 10003

**Manhasset**  
333 East Shore Road  
Suite 201  
Manhasset, NY 11030

**5 Towns**  
141 Washington Avenue  
Cedarhurst, NY 11559

**Manhattan/FIDI**  
30 Broad Street  
Suite 401  
New York, NY, 10004

**Manhattan**  
57W 57Street  
Suite 601  
New York, NY 10019

**Riverhead**  
1228 E Main Street  
Suite A  
Riverhead, NY 11901

**Holbrook/ Ronkonkoma**  
233 Union Ave  
Suite 207  
Holbrook, NY 11741

**Manhattan/Midtown**  
120 East 56 Street  
Suite 3D  
New York, NY 10022

**Scarsdale**  
495 Central Park Avenue  
Suite 205  
Scarsdale, NY 10583

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

**Woodbury**  
75 Froehlich Farm  
Woodbury, NY 11797

**Elmsford/ Terrytown**  
555 Taxter Road  
3rd Floor  
Elmsford, NY 10523

**Long Beach**  
917 Beech Street  
Long Beach, NY 11561

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

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

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

**Staten Island**  
27 New Dorp Lane  
Staten Island, NY 10306



# VIMIZIM<sup>®</sup> (elosulfase alfa)

## ORDER FORM

Date: \_\_\_\_\_

### PATIENT INFORMATION

|  |        |                |  |
|--|--------|----------------|--|
| Name:                                    | Phone: | DOB:           | SEX: M <input type="checkbox"/> F <input type="checkbox"/> |
| <input type="checkbox"/> 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<sup>®</sup>:

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

- Tylenol PO 650mg    1000 MG    other \_\_\_\_\_
- Solumedrol 125mg IV    other \_\_\_\_\_
- Benadryl    25mg    50mg    other \_\_\_\_\_    IV    PO
- 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 \_\_\_\_\_