Gaucher Disease Enzyme Replacement Therapy

IVX HEALTH

Provider Order Form *rev. 8/20/26*

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight (lbs/kg): Height:

Patient Status: ☐ New to Therapy ☐ Continuing Therapy Last Treatment Date: Next Due Date:

PROVIDER INFORMATION

Referral Coordinator Name: Referral Coordinator Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

NURSING

☑ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 05.01.2023)

PRESCRIPTION INFORMATION

☑ Gaucher Disease Enzyme Replacement Therapy (ERT). IVX Health is authorized to dispense the preferred FDA-approved enzyme replacement therapy covered by the patient's insurance.

APPEALS PROCESS

Upon denial, IVX will appeal with a Letter of Medical Necessity unless you opt out: ☐ Opt out (I will manage any denial)

SPECIAL INSTRUCTIONS

THERAPY ADMINISTRATION

IVX will select the product based on payor requirements and product availability. Products include VPRIV and Cerezyme.

Gaucher Disease Enzyme Replacement Therapy Dosing

Please choose one.

☐ Dose: 60 units/kg IV every 2 weeks
☐ Other: _____ units/kg IV every _____

PRODUCT INFORMATION

VPRIV (velaglucerase alfa)

- Reconstitute per prescribing information
- Dilute in 100 mL of 0.9% Sodium Chloride, with a 0.2-micron filter
- Infuse over 60 minutes
- Flush with 0.9% sodium chloride at infusion completion

Cerezyme (imiglucerase)

- Reconstitute per prescribing information
- Dilute in 0.9% Sodium Chloride to 100-200 mL, with a 0.2-micron filter
- Infuse over 1-2 hours
- Flush with 0.9% sodium chloride at infusion completion

☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____
(if not indicated order will expire one year from date signed)

Provider Name (Print) **Provider Signature** **Date**

IVX HEALTH FAX NUMBERS

☐ ARKANSAS: 501-451-5644	☐ CINCINNATI: 844-946-0868	☐ FT. LAUDERDALE: 754-946-2052	☐ MELBOURNE: 321-800-9515	☐ PHILADELPHIA: 844-820-9641
☐ AUSTIN: 512-772-2824	☐ COLLEGE STN: 979-205-4686	☐ FT. WAYNE: 260-369-2310	☐ MIAMI: 786-744-5687	☐ PIEDMONT TRIAD: 336-790-2200
☐ BAY AREA: 844-889-0275	☐ COLUMBUS: 844-627-2675	☐ HARRISBURG: 844-859-4235	☐ MIDDLE/WEST TN: 888-615-1445	☐ RALEIGH: 919-287-2551
☐ CENTRAL JERSEY: 640-252-6633	☐ CONNECTICUT: 860-955-1532	☐ HOUSTON: 832-631-9595	☐ NC FL: 352-756-4191	☐ SAN ANTONIO: 726-238-9950
☐ CHARLOTTE: 336-663-0143	☐ COOKEVILLE: 931-479-1395	☐ INDIANAPOLIS: 844-983-2028	☐ NORTH JERSEY: 551-227-2823	☐ SARASOTA: 941-870-6550
☐ CHICAGO: 312-253-7244	☐ DALLAS: 469-947-6114	☐ JACKSONVILLE: 904-212-2338	☐ NYC: 332-334-0809	☐ SOUTH JERSEY: 856-519-5309
	☐ DAYTONA: 386-259-6096	☐ KANSAS CITY: 844-900-1292	☐ ORANGE COUNTY: 949-590-4554	☐ SOUTHWEST FL: 813-283-9144
	☐ DELAWARE: 302-596-8553	☐ LAKELAND: 863-316-3910	☐ ORLANDO: 844-946-0867	☐ TAMPA: 844-946-0849
	☐ EAST TN/TRI-CITIES: 615-425-7427	☐ LONG ISLAND: 363-201-6975	☐ PALM BEACH: 561-768-9044	☐ WACO: 254-343-7650