

Viltolarsen (Viltepso) Patient Referral Form

Patient Demographics Information

Patient Name		SSN#	DOB
Patient Address			
Primary Phone	Cellular Phone	Work Phone	
Emergency Contact Name, Relationship		Emergency Contact Phone Number	

Additional Documentation Needed

- Copy of insurance cards
- History and Physical
- Recent vitals including blood pressure
- Patient face sheet w/demographics
- CBC w/diff, BMP, & CMP
- Confirmation of DMD gene mutation
- Kidney Function utilizing serum cystatin C, urine dipstick, or urine-to-creatinine ratio

Patient Insurance Information

Insurance Plan #1		Insurance Plan #2	
Subscriber Name	DOB	Subscriber Name	DOB
Policy Number	Group ID	Policy Number	Group ID

Patient Clinical Information

Gender ☐ M ☐ F	Height (inches)	Weight (lbs.)	Allergies (food/drug)
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Statement of Medical Necessity / Primary Diagnosis

ICD10:	Description of diagnosis:
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Medication Information / Prescription and Orders

Medication: Viltepso	Directions: Infuse intravenously per manufacturer guidelines over 60 minutes. *If calculated dose is less than 100 mL, dilute with sodium chloride 0.9% to a total volume of 100 mL. If calculated dose is 100 mL or more, further dilution not required.	Quantity/Refills Dispense: #4 doses (one month) + ____ refills ☐ Other
☐ DMD dosing: _____ mg (80mg/kg) intravenously once weekly. *If patient is currently taking Viltepso, date of last dose: ☐ Other dosing: _____ mg intravenously every ____ week(s)		

Premedication(s)

☐ Give premedication(s) 30 minutes prior to infusion (generics will be dispensed) diphenhydrAMINE ☐ Pediatric Dosing: _____mg (1mg/kg/dose) PO ☐ Adult Dosing: 25-50mg PO Acetaminophen ☐ Pediatric Dosing: _____mg (10-15mg/kg/dose) PO ☐ Adult Dosing: 325-650mg PO Other: ☐ _____ (medication name): _____ (dosing) ☐ Lidocaine 2.5% and Prilocaine 2.5% topical cream: Apply to IV site prior to access PRN for pain upon needle insertion. ☐ Alteplase (Cathflo Activase) 2mg vial: Prior to use, reconstitute according to manufacturer recommendations. Instill alteplase 2mg in CVAD and dwell for 30 minutes. If unsuccessful, allow to continue dwelling for a total of 60 minutes. If still unsuccessful, notify pharmacy for next steps. Pharmacy will contact ordering provider if alteplase is used. Dispense qty: #1 vial + 1 refill, unless otherwise noted ☐ Other (prescriber to specify):	Quantity/Refills Dispense: #QS + 12 refills unless otherwise noted ☐ Other
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Line Access Line Type: ☐ PIV ☐ Port/CVAD RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per orders below. ☐ Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium chloride 0.9% IV before and after medication administration or every 24 hours while IV access in place. ☐ Sodium Chloride 0.9% 10 mL STERILE Flush: Flush with 5-10 mL STERILE sodium chloride 0.9% as needed for port access. ☐ Heparin Lock 10 units/mL 5 mL Flush: Lock with 2-5 mL heparin 10 units/mL after each use or daily while port accessed. ☐ Heparin Lock 100 units/mL 5 mL Flush: Lock with 2-5 mL heparin 100 units/mL after each use or daily while port accessed.	Quantity/Refills Dispense: quantity #QS PRN refills unless otherwise noted ☐ Other
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Adverse Reaction Orders

- If infusion reaction(s) occur, pause infusion for 10 minutes, then resume infusion at previously tolerated rate and use appropriate medical management. If reaction(s) continue, stop infusion and notify prescriber.

Prescriber Information

Prescriber Name		Office Contact	
Practice Address		Practice Phone	
NPI#	License #	Practice Fax	
Prescriber Signature Required - Substitution Permitted	Date	Prescriber Signature Required - Dispense as Written	Date