

Fabry's Disease Enzyme Replacement Prescriber Order Form

Patient Name:

Date of Birth:

Address:

Patient Phone:

Height:

inches cm

Weight:

lbs. kg

Clinical Information

Primary Diagnosis Description:

ICD-10 Code:

Is this the first dose? YES – Date of first dose: _____ NO – next dose due: _____ # of doses administered _____

TB Status:

- PPD (negative) – Date: _____ Active TB
 Last chest x-ray – Date: _____ Unknown
 QuantiFERON or T Spot Assay result and date: _____ Past positive TB infection, course taken: _____

Prescription

- Fabrazyme (agalsidase beta)** 1 mg/kg infused every 2 weeks or _____.
(A combination of 35 mg and 5 mg vials will be used that result in a dose equal to or slightly greater than the dose.)
- Infuse in appropriate volume of 0.9% NS based on the patient's weight or _____ mLs.
 - Initial IV infusion rate will be 0.25 mg/min (15 mg/hr.). The infusion rate may be slowed in the event of infusion reactions.
 - After patient tolerance to the infusion is well established, the infusion rate may be increased in increments of 0.05 to 0.08 mg/min (increments of 3 to 5 mg/hr.) with each subsequent infusion to a duration of not less than 1.5 hours.
 - For patients weighing < 30 kg, the maximum infusion rate should remain at 0.25 mg/min (15 mg/hr.)
- Refills x _____
- Elfabrio (pegunigalsidase alfa-iwxj)** 1 mg/kg administered IV using filtered tubing every 2 weeks
- Dose will be rounded up to the next vial size
 - Infusion rate and total volume varies by actual body weight. See product labeling.
- Naïve to Therapy OR Enzyme Therapy Experienced

Ancillary Orders

Anaphylaxis Kit

- Dosage:
- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SUBQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
 - Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg – 25mg max) IV or IM; repeat x 1 in 15 min PRN no improvement.
 - 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

Medication Orders

- Acetaminophen 650 mg PO 30 min before infusion, may repeat every 3 to 4 hours as needed for fever or mild discomfort. Patient may use own supply or patient may decline.
- Diphenhydramine 25 mg PO 30 min before infusion, may repeat every 4 to 6 hours as needed for mild to moderate allergic reactions. Patient may use own supply or patient may decline.
- Methylprednisolone sodium succinate 40 mg IV push 20 minutes prior to infusion.
- Other: _____

IV Flush Orders

- Peripheral: 0.9% Sodium Chloride 2 to 3 mL pre-/post-use.
- Implanted Port: 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr. if accessed or weekly to monthly if not accessed.

Lab Orders

- No labs ordered at this time.
- Other: _____

Skilled nurse to administer doses intravenously in the home or alternate care setting. Refill above ancillary orders as directed x 1 year. If infusing via Peripheral IV, skilled nurse to insert.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature:

Date:

Prescriber Information

Prescriber Name:

Phone:

Fax:

Address:

NPI:

City, State:

Zip:

Office Contact:

Fax completed form, insurance information, and clinical documentation to:

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