Palmetto INFUSION

Phone: 800-809-

MRN:___________________________

DOB:___________________________

Standard Plan of Treatment for Elaprase

Note: We require MD office notes and may require a letter of Medical Necessity (depending on diagnosis), to be able to verify eligibility and payment for this treatment through patients Medicare and/or other insurance plan.

Patient Name:_______________________________________ Weight:____________________

Allergies:____ Height:____________________

Diagnosis: **ICD-10 E76.1** Hunter Syndrome (Mucopolysaccharidosis Type II (MPS II))

____

Pre-medicate 30 minutes prior to infusion:

☐ Acetaminophen 650mg PO and Diphenhydramine 50 mg PO

If adverse drug reaction, Implement the Standing Adverse Reaction protocol.

Order:

Elaprase 0.5mg/kg IV (round up to full vial) in 100ml NS infuse over 1-3hrs (no longer than 8 hrs) weekly

Infusion rates: 8ml/hr x 15 min, then increase by 8ml/hr increments every 15 minutes in order to administer the full volume within the prescribed time period.

Other:____

Pharmacist to perform clinical drug monitoring.

(No Stamped Signatures please)

Physician's Signature:___________________________/________________________Date: ______

(Dispense as written) (Substitution permitted)

Print Physician Name:____

PLEASE FAX DEMOGRAPHICS AND INSURANCE INFORMATION TO:

866-872-8920

Revised 10/22/2015

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