

Referral Status:	MRN:
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change
<input type="checkbox"/> Patient preferred clinic:	<input type="checkbox"/> Order Renewal

Elfabrio® (pegunigalsidase alfa-iwxj) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

Patient Name:			
Patient's Phone:		Address:	
Date of Birth:		City, State, Zip:	
Height in inches:	Weight:	LB or KG	Gender:
			Allergies:
			See list
			NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

E75.21 - Fabry Disease	Other:
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REQUESTED DOCUMENTATION:

1	Insurance information	IF NO:	IF YES:
2	Most recent History & Physical	PLEASE STATE	LAST INFUSION DATE:
3	Full medication list	REQUIRED WASHOUT	NEXT INFUSION DATE:
4	Tried and failed therapies	FROM PREVIOUS	IF ORDER CHANGE:
5	Serum IgG and GL-3 level	THERAPY:	Continue current order until insurance approved
6	Current infusion rate (established patients)		

MEDICATION ORDERS:

NOTE: We may require a detailed Letter of Medical Necessity or clinical supporting documentation (depending on diagnosis), to be able to verify eligibility and payment for this treatment through Medicare and/or other insurance plans.

PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED

*FDA labeling suggests pre-medication with antihistamines, antipyretics, and/or cortosteroids if patient received with previous therapy and may be considered with treatment naïve patients.

IV	Diphenhydramine	25mg	50mg	PO	Acetaminophen	325mg	500mg	650mg	1000mg	
	Methylprednisolone	40mg	125mg		Other:	Famotidine	20mg	40mg		
	Famotidine	20mg	40 mg			Diphenhydramine	25mg	50mg		
	Other:					Fexofenadine	60mg	180mg		
					Cetirizine	10mg				
					Loratadine	10mg				
					Other:					

Initial 4-6 Infusion Rates

Volume and Rate for Enzyme Naïve Patients		
Actual Body Weight	Volume	Infusion Rate
<70kg	150ml	37.5ml/hr
70-100kg	250ml	60ml/hr
>100kg	500ml	83ml/hr

Volume and Rate for Enzyme Experienced Patients		
Actual Body Weight	Volume	Infusion Rate
<70kg	150ml	50ml/hr
70-100kg	250ml	83m/hr
>100kg	500ml	167ml/hr

If patient infusion duration over 3 hours from previous treatment use the same rate for Elfabrio®

MEDICATION:

Elfabrio® (pegunigalsidase alfa-iwxj) IV infusion in 150ml to 500ml NS. After completion of infusion, flush line with 20ml of NS at last infusion rate used.

DOSE:

1mg/kg (based on actual body weight)
Other: _____

FREQUENCY:

Every 2 weeks
Other: _____

SPECIAL/ OTHER LAB ORDERS:

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<input checked="" type="checkbox"/> Refills x 12 months unless noted otherwise here:
ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website.

MAINTENANCE INFUSION RATES:

*If patient tolerates the initial 4-6 infusions, the duration may be decreased by 30 minutes every 3rd infusion.

*Minimum maintenance infusion duration is 1.5 hours.

NURSING ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure
- Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated.

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)	DATE:
Dispense as written/Brand medically necessary	Substitution Permitted