

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

## Vpriv® (velaglucerase alfa) 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 2<sup>ND</sup> AND 3<sup>RD</sup> DIGITS TO COMPLETE ICD 10 FOR BILLING)

E75.22 - Gaucher Disease
- Other:

REQUESTED DOCUMENTATION:	PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?
1 Insurance information	IF NO: IF YES:
2 Most recent History & Physical	PLEASE STATE LAST INFUSION DATE:
3 Full medication list	REQUIRED WASHOUT FROM PREVIOUS THERAPY: NEXT INFUSION DATE:
4 Tried and failed therapies	<b>IF ORDER CHANGE:</b> <input type="checkbox"/> <b>Continue current order until insurance approved</b>
5 Clinical progress notes supporting primary diagnosis including labs/tests	

### 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

IV	PO
Diphenhydramine 25mg 50mg	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:

### MEDICATION:

Vpriv® in 100ml NS via IV over 1 hour

### DOSE:

60 units/kg  
 Other: \_\_\_\_\_

### SPECIAL/LAB ORDERS:

\_\_\_\_\_  
 \_\_\_\_\_

### FREQUENCY:

Every 2 weeks  
 Other: \_\_\_\_\_

Refills x 12 months unless noted otherwise here:

### LINE USE/CARE 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

### ADVERSE REACTION & ANAPHYLAXIS ORDERS:

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

### 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