CenterWell Specialty Pharmacy

Fax: 1-877-405-7940
Phone: 1-800-486-2668

CenterWell Specialty Pharmacy™

Monday – Friday: 8 a.m. – 11 p.m. ET
Saturday: 8 a.m. – 6:30 p.m. ET

Remove above portion before faxing. Please complete the prescription form in its entirety and fax to the number above.

Lysosomal Storage Disorders Form

Patient Information

Patient: _____ ❒ Female ❒ Male DOB: _____ Insurance Plan: _____ Plan ID #:_____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____ Caregiver: _____ Caregiver Phone #: _____

Other Medical Conditions: _____ Allergies: ❒ No ❒ Yes: _____

Clinical information: Please Include History and Physical (H&P) and latest visit note including infection history/treatment for past 6 months

ICD-10 code: ❒ Fabry Disease E7521 ❒ Gaucher Disease E7522 ❒ Hunter Syndrome E76.1 ❒ Hurler's Syndrome E76.01
❒ Lysosomal Alpha 1 Deficiency E74.02 ❒ Mucopolysaccharidosis VI (MPS-VI) E76.29 ❒ Pompe Disease E74.02
❒ Sanfilippo syndrome (Mucopolysaccharidosis III) E76.3 ❒ Scheie's Syndrome E76.03 ❒ Other: _____

Diagnosis date: _____ Height: _____ Weight: _____ ❒ lb ❒ kg Date: _____

Additional PA ❒ New therapy ❒ Continuing therapy ❒ Investigational First dose? ❒ Yes ❒ No Expected date of first/next infusion: _____

Venous access: ❑ Peripheral ❑ Port ❑ PICC ❑ CL: Type _____ Infuse via ❑ PUMP ❑ Gravity as tolerated by patient ❑Other: _____

❑ Skilled nursing visit to establish venous access, patient education related to therapy & disease state, administer medication as prescribed, assess general status, and response to therapy. Visit frequency based on prescribed dosage orders.

Prescription Information

NOTE: OH law allows 1 prescription per preprinted order form. Please use additional forms for more than 1 prescription.

Medication	Dose	Directions	Quantity	Refills
❒ Aldurazyme®	❒ 2.9 mg vial	Dose: _____ mg units IV Volume to infuse: _____ Frequency: _____ Rate (ml): _____ ❑ Titrate per manufacturer guidelines	❒ 28 Day Supply	❒ _____
❒ Cerezyme®	❒ 400 unit vial			
❒ Elaprase®	❒ 6 mg vial			
❒ Fabrazyme®	❒ 5 mg vial ❒ 35 mg vial			
❒ Lumizyme®	❒ 50 mg vial			
❒ VPRIV®	❒ 200 unit vial ❒ 400 unit vial			
❒ Nexviazyme	❒ 100 mg vial			
❒ Cerdelga	❒ 84mg Capsule	Take 1 capsule _____ times (s) per day.	❒ 28 Day Supply	❒ _____
❒ Miglustat	❒ 100mg Capsule	Take 1 capsule _____ times (s) per day.	❒ 28 Day Supply	❒ _____
❒ Sterile Water	❒ 10 ml	UAD for reconstitution of Enzyme	❒ 28 Day Supply	❒ _____
❒ Sodium Chloride 0.9%	❒ 100ml ❒ 200ml ❒ 500ml	Use to further dilute reconstituted Enzyme	❒ 28 Day Supply	❒ _____
❒ Normal saline flush	❒ 10 ml PFS	Flush line with 5-10 mls before & after IV drug & PRN line care	❒ 28 Day Supply	❒ _____
❒ Heparin 100 units flush	❒ 5 ml PFS	Flush line with 3-5 mls post infusion & PRN line care	❒ 28 Day Supply	❒ _____
❒ Lidocaine/Prilocaine Cream 2.5%-2.5%	❒ 30gm	Apply topically to needle insertion site 30-60 minutes prior to needle insertion as directed	❒ 28 Day Supply	❒ _____
Pretreatment: ❒ acetaminophen ❒ 325 mg tablet ❒ 500 mg tablet ❒ diphenhydramine ❒ 25 mg capsule ❒ 50 mg tablet		❒ Take _____mg p.o. 30–60 min. prior to inf. and q4–6 p.r.n. Max. four doses in 24 hr. ❒_____	❒ 10 capsules ❒ 10 tablets ❒_____	❒ 11 ❒ _____
Anaphylaxis Kit (Patient's home):	❒ Epinephrine 0.3 mg auto-injector	❒ Inject IM p.r.n. anaphylaxis	❒ 2-pack	❒ 0 ❒ _____
	❒ Epinephrine 0.15 mg auto-injector (patients 15–30 kg)	❒ Inject IM p.r.n. anaphylaxis	❒ 2-pack	
	❒ Diphenhydramine 25 mg capsules	❒ Take 25–50 mg PO p.r.n. anaphylaxis	❒ 10 capsules	
	❒ Diphenhydramine 50 mg/mL injection	❒ Inject slow IV push p.r.n anaphylaxis	❒ 1 vial	

Pharmacy to dispense ancillary supplies as needed to establish IV and administer drug.

Prescriber and Shipping Information (Please print)

Prescriber: _____ NPI: _____

Ship to: ❒ Patient ❒ Office ❒ Other: _____

Office Address: _____ City: _____ State: _____ Zip Code: _____

Office Phone Number: _____ Office Fax Number: _____

Signature: _____ Date: _____

We will dispense this prescription as generic, unless the prescriber indicates "Dispense as Written" _____
The prescriber is to comply with his/her state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber.