

## Enzyme Replacement Prescription Request

Monday – Friday, 8 a.m. – 11 p.m., and  
Saturday, 8 a.m. – 6:30 p.m., Eastern time

Date: \_\_\_\_\_

**Patient information**

Patient name: \_\_\_\_\_

Patient address: \_\_\_\_\_

Patient phone number: \_\_\_\_\_

Member ID: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

Allergies: ☐ No known allergies \_\_\_\_\_Current weight: \_\_\_\_\_ ☐ lbs ☐ kg**Primary diagnosis:**☐ Fabry disease, E7521☐ Hunter syndrome, E76.1☐ Gaucher disease, E7522☐ Pompe disease, E74.02☐ Hurler syndrome, E76.01☐ Scheie syndrome, E76.03☐ Mucopolysaccharidosis type VI, E76.29☐ Lysosomal alpha-1, E74.02**Clinical documents (please attach)**

History and physical and progress notes within past six months

Venous access: ☐ Peripheral ☐ Port☐ PICC → number of lumens \_\_\_\_\_**Infusion method:**☐ Gravity as tolerated by patient ☐ Pump (Curlin)

Rate protocol: Ramp up according to manufacturer guidelines

Has prescriber initiated prior authorization? ☐ Yes ☐ NoFirst dose? ☐ Yes ☐ No

Expected date of first/next infusion: \_\_\_\_\_

Site of care: ☐ Patient's home ☐ Physician's office☐ Outpatient infusion clinic: \_\_\_\_\_

Prescriber signature: \_\_\_\_\_

Prescriber name: \_\_\_\_\_

Prescriber address: \_\_\_\_\_

DEA number: \_\_\_\_\_

NPI number: \_\_\_\_\_

Prescriber phone number: \_\_\_\_\_

Prescriber fax number: \_\_\_\_\_

Please provide supervising prescriber information (if applicable):

Prescriber name: \_\_\_\_\_

Prescriber address: \_\_\_\_\_

Prescriber phone number: \_\_\_\_\_

DEA number: \_\_\_\_\_

NPI number: \_\_\_\_\_

\*Note: If all information is not completed, the patient request will  
not be processed. We will contact your office for clarification.

**Prescription information**☐ FABRAZYME® ☐ CEREZYME® ☐ ELAPRASE® ☐ VPRIV®☐ CERDELGA® ☐ ALDURAZYME® ☐ LUMIZYME® ☐ NEXVIAZYME®

Directions: \_\_\_\_\_

Quantity: 28-day supply Refill for one year or \_\_\_\_\_

☐ sodium chloride 0.9% (Please select one of the following bag sizes.)☐ dextrose 5% (Nexviazyme) (Please select one of the following bag sizes.)☐ 100 mL ☐ 250 mL ☐ 500 mL ☐ 1,000 mL

Directions: Use as directed to further dilute reconstituted enzyme.

Quantity: 28-day supply Refill for one year or \_\_\_\_\_

Pharmacy to dispense ancillary supplies as needed to establish IV and administer  
drug, including coordination of home health nursing unless otherwise noted.

**Please strike-through items that are not required:**

*Sterile water for injection* Directions: Use as directed for reconstitution of  
enzyme.

*Normal saline 10 mL IV flush syringe* Directions: Use as directed to flush line with  
10 mL before and after enzyme infusion and P.R.N. line care.

*dextrose 5% 50 mL* Directions: Use as directed to flush line with 10 mL before and  
after enzyme infusion and P.R.N. line care (Nexviazyme).

*heparin 100 unit/mL 5 mL prefilled syringe (central line patient)* Directions: Use as  
directed to flush line with 5 mL after final saline flush.

**Premedications (Please strike-through items that are not required.):**

*diphenhydramine 25 mg capsules* Quantity: 10 Refill for one year or \_\_\_\_\_

Directions: Take one to two capsules PO 30–60 minutes prior to infusion and  
every four to six hours P.R.N. The maximum is four doses per day.

*acetaminophen 325 mg tablets* Quantity: 10 Refill for one year or \_\_\_\_\_

Directions: Take one to two tablets PO 30–60 minutes prior to infusion and every  
four to six hours P.R.N. The maximum is four doses per day.

Other premedications: \_\_\_\_\_

☐ lidocaine/prilocaine cream 2.5%-2.5% Directions: Apply topically to needle  
insertion site 30–60 minutes prior to needle insertion as directed.

Quantity: 30 grams Refill for one year or \_\_\_\_\_

**Anaphylaxis kit maintained in the patient's home:**

*diphenhydramine 50 mg/mL injection* Quantity: One vial Refills: 0

Directions: Use as directed via slow IV push as needed for anaphylaxis.

*diphenhydramine 25 mg capsules* Quantity: 10 capsules Refills: 0

Directions: Take 25–50 mg PO as needed for anaphylaxis.

*epinephrine 0.3 mg or epinephrine two-pack 0.15 mg (for patients weighing  
15–30 kg)* Quantity: Two-pack Refills: 0

Directions: Use as directed IM as needed for anaphylaxis.

Skilled home infusion nursing visit to establish venous access, provide patient  
education related to therapy and disease state, administer medication as  
prescribed, and assess general status and response to therapy. The visit  
frequency is based on prescribed dosage orders.