

Lysosomal Storage Disorder		Rx International Pharmac	Phone: (305) 221-1421 Fax: (305) 221-3275
Client Inform	nation		
patient:	first name	male female DOB:	SS#:
address:		city state	zip
	number:		·
_		allergies:	NKDA
caregiver: he		lbs	tte:
Diagnosis			
Diagnosis/ICD)-9:		
272.7 Gauche 272.7 Fabry D 271.0 Pompe Other:	Disease 277.5 Mucopolysa	accharidosis I (MPS I) accharidosis II (MPS II, Hunter Syndrome) accharidosis VI (MPS IV, Maroteaux-Lamy Syndrome) or ICD 10 code and description)	
Prescription			
Aldurazyme®	2.9 mg vial	Dose: mg units intravenously	
Cerezyme [®]	400 unit vial	Volume to infuse:	
Elaprase®	6 mg vial	Frequency:	Although an are actioned
Fabrazyme® Lumizyme®	5 mg vial 35 mg vial 50 mg vial	Rate (ml): rate	titration required
Myozyme [®]	50 mg vial	··· <mark> </mark>	
VPRIV®	200 unit vial 400 unit vial	# of doses:	refills:
Cerdelga [™]	84 mg capsule	Take 84 mg capsule once twice daily by mouth.	_ refills:
Prescriber +	- Shipping Information		
prescriber (print)):	offic	e contact:
preferred metho	d of contact: phone fax	email preferred contact persons email:	
ship to: patie	nt office alternate	int state viri	
office address:		ng outou apy	
nhone:	(street, suite, city, state, zip)	NPI	DFA:

Insurance Information: please fax copy of insurance card (front + back)

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I authorize Rx International Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.

date:

prescriber's signature: _

Lysosomal Storage Disorder Continued

Patient Information					
		male			
patient:	first name	female DOB:			
nursing agency assigned:					
nursing coordination required? yes no-patient already trained no-nursing already coordinated					
Spanish-speaking nurse or interpreter service required? yes no					
Pre Medications					
Hydration prior to during	ng following infuse: ml	solution			
Diphenhydramine	mg 30 min befo	ore infusion PO IVP			
Acetaminophen	mg 30 min befo	re infusion PO			
Solu-cortef® mg slow IVP					
Solu-Medrol® mg slow IVP pre halfway upon completion					
Other:					
Line Care (per protoco					
Dressing change, access an	<i>'</i>				
Diocoming ontainings, account	d oldarion.ig.	Delivery Method Vessyley Daviso			
		Delivery Method — Vascular Device			
	PIV				
		Central:			
Flush Orders (per pro	tocol)				
0.9% Sodium Chloride 5-1	10 mL Heparin	ml (u/mL) as SASH			
Nursing Assessment					
	Skilled nursing visit to: establish IV access, administer medication as prescribed, provide patient education related to disease state/ therapy, assess general status and response to therapy. Frequency determined by therapy schedule				
Obtain baseline vital signs	Obtain baseline vital signs				
Monitor vital signs per proto	col				
, , , ,	Provide needles, syringes, VAD and other ancillary supplies required for safe infusion.				
Discontinue use and notify prescribing physician if patient demonstrates any of the following: Fluid overload, cardiovascular symptoms, allergic reaction, moderate/severe headache, s/sx Aseptic Meningitis					
Procedure for Anaphylax	is (pharmacy to provide):				
1. Stop Infusion	3. Adminster the following (per protocol)) :			
2. Call 911 and prescribing		/IM Q 4 hours PRN, dispense (1) 50 mg vial			
physician immediately	Epinephrine (1:1000) 0.4 mg subcutaneously PRN, dispense 1 vial				
	0.9% Sodium Chloride 500 mL, use	as directed, dispense 1 bag			
Prescriber's signature: _		date:			
le	authorize Rx International Pharmacy and its representatives to act as an agent to initial	te and execute the insurance prior authorization process.			

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