CenterWell Specialty Pharmacy®

Enzyme Replacement Prescription Request

E-prescribe: NCPDP ID number 3677955
Fax: 800-345-8534
Phone: 855-264-0104
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 ❑ No

First 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.