

## VPRIV (velaglucerase alfa) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

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

NKDA Allergies: \_\_\_\_\_

New Start Therapy  Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

### Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PRE-MEDICATION

- Acetaminophen 1000mg  Solu-Medrol 125mg IVP
- PO Diphenhydramine 25mg  Solu-Cortef 100mg IVP
- PO Ceterizine 10mg PO  Diphenhydramine 25mg IVP

### REQUIRED DOCUMENTS:

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

### VPRIV orders:

- Patient Weight: \_\_\_\_\_ kg/ OR \_\_\_\_\_ lbs
- Dose: 60 units/kg IV administered every two weeks as a 60 minute infusion
- Other: \_\_\_\_\_ units IV every two weeks as a 60 minute infusion
- Additional Orders/Comments: \_\_\_\_\_

REFILLS: \_\_\_\_\_

*(if not indicated prescription will expire one year from date signed)*

### Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date