

NEXVIAZYME

Please include the following to expedite the order:
Patient Demographics, Insurance Information, Labs

PATIENT

Referral Status: ☐ New ☐ Updated ☐ Renewal

Name: _____ DOB: _____ Gender: ☐ M ☐ F ☐ Other _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

PRESCRIBER

Name: _____ DEA: _____ NPI: _____ State License: _____

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

Phone: _____ Fax: _____

CLINICAL

Diagnosis: ☐ E74.02 (Pompe Disease)

Allergies: _____ Weight: _____ ☐ kg ☐ lbs Height: _____ ☐ cm ☐ in

Baseline Labs Completed: ☐ CBC ☐ CMP ☐ AST/LFTs

TREATMENT

NEXVIAZYME (avalglucosidase alfa-ngpt) Premedication Protocol:

Route: Intravenous Infusion

Dose:

☐ $\geq 30\text{kg}$: 20mg/kg

☐ $\leq 30\text{kg}$: 40mg/kg

☒ Flush with 5% Detrose at infusion completion

☐ Diphenhydramine: ☐ 25mg ☐ 50mg ☐ PO ☐ IV

☐ Acetaminophen: ☐ 325mg ☐ 500mg ☐ 650mg PO

☐ Other: _____

Sig: _____

☒ Center will use anaphylactic and hypersensitivity protocol established by Restore Health

Frequency:

☐ Every two weeks

Quantity: _____ Refills: _____

Special Instructions: _____

Provider Signature: _____

Date: _____

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