



Mepsevii (vestronidase alfa-vjbk) Patient Referral Form

Admissions Fax # 844-878-6917

Admissions Phone # 855-WE-R-RARE (855-937-7273)

Patient Demographics Information

Patient Name		SSN#	DOB
Patient Address			
Primary Phone	Cellular Phone	Work Phone	
Emergency Contact Name, Relationship		Emergency Contact Phone Number	

Additional Documentation Needed

- Copy of insurance cards - Patient face sheet w/demographics - History and Physical

Patient Insurance Information

Insurance Plan #1		Insurance Plan #2	
Subscriber Name	DOB	Subscriber Name	DOB
Policy Number	Group ID	Policy Number	Group ID

Patient Clinical Information

Gender ☐ M ☐ F	Height (inches)	Weight (lbs)	Allergies (food/drug)
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Statement of Medical Necessity / Primary Diagnosis

ICD10	Description of diagnosis
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Medication Information / Prescription and Orders

Medication Mepsevii (vestronidase alfa-vjbk)	Dosing _____ (4mg/kg) IV every 2 weeks Infuse over 4 hours per manufacturer guidelines Titrate rate per pharmacy rate table provided Administering RN to monitor patient for at least 15 minutes post infusion	Quantity / Refills Dispense: 1 month supply, refill x12mos unless otherwise noted ☐ Other
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Line Access	Line Type: ☐ PIV ☐ Port/CVAD	Quantity / Refills
RN to start peripheral IV or use existing CVAD. RN to administer catheter flushing and medications per orders below. ☐ Sodium Chloride 0.9% 10 mL Flush: Flush with 2-10 mL sodium chloride 0.9% IV before medication administration or every 24 hours while IV access in place. ☐ Sodium Chloride 0.9% 10 mL STERILE Flush: Flush with 5-10 mL STERILE sodium chloride 0.9% IV as needed for port access. ☐ Heparin Lock 100 units/mL 5 mL Flush: Lock with 5 mL heparin 100 units/mL after each use or daily while port accessed.		Quantity #QS + PRN refills unless otherwise noted ☐ Other

Premedications

☐ Give premedication(s) 30 minutes prior to infusion. *(If liquid selected, entire bottle will be dispensed)*

Antipyretic:	Acetaminophen 325mg tab: ☐ 325-650 mg PO OR 160mg/5mL liquid: ☐ _____ mg (10-15mg/kg/dose) PO
Antihistamine (non-sedating):	Cetirizine 10mg tab: ☐ 10 mg PO OR 100mg/mL liquid: ☐ _____ mg (2.5-5mg) PO
	Fexofenadine 180mg tab: ☐ 180 mg PO OR 30mg/5mL liquid: ☐ _____ mg (15-60mg) PO
	Loratadine 10mg tab: ☐ 10 mg PO OR 5mg/5mL liquid: ☐ _____ mg (5-10mg) PO

Notes to Infusion RN

- Administering RN to observe patient for at least 15 minutes after the infusion to assess for development of anaphylaxis.
- An in-date EPINEPHrine dose must be in the home prior to initiation of infusion.

Adverse Reaction Orders

- In the event of an infusion reaction (ie: fever, chills, backache, headache, rigors) the following orders will be followed and physician will be notified.
- Mild reaction: Give diphenhydrAMINE 50 mg PO x1 dose and slow infusion. If needed, give an additional dose of diphenhydrAMINE 50 mg PO x1 dose (Max 2 doses).
 - Moderate reaction: Give diphenhydrAMINE 50 mg po x1 dose and stop infusion; Sodium Chloride 0.9% 250mL IV wide open as needed.
 - Severe reaction (w/breathing problems): Stop infusion, call 911, and give diphenhydrAMINE 50mg IM x1 dose and EPINEPHrine IM 0.3mg or 0.15mg. (per pt wt)

Prescriber Information

Physician Name		Office Contact	
Practice Address			
NPI#	License #	Practice Phone	
Physician Signature Required - Substitution Permitted	Date	Physician Signature Required - Dispense as Written	Date

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