



ELFABRIO (pegunigalsidase alfa) Infusion Order

intake@sageinfusion.com | www.sageinfusion.com/SubmitOrder

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: ☐ M ☐ F
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Ht: _____ Wt: _____
Please Attach: ☐ Insurance cards ☐ History & Physical ☐ Most recent labs ☐ Medication list
☐ NKDA ☐ Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ ZIP: _____

REQUIRED INFORMATION

PRE-MEDICATION

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

Documentation:

- ☐ Recent clinical and/or office visit notes supporting primary diagnosis

MEDICATION ORDERS

ICD-10 Diagnosis Codes: ☐ E75.21 Fabry (Anderson-Fabry) disease ☐ Other: _____

☐ New to Therapy ☐ Continuation of Therapy: Date of last dose (if applicable): _____

DOSING/FREQUENCY:

- ☒ Fabry Disease: 1mg/kg dose IV every 2 weeks
☐ Other: _____ Patient's current weight: _____ lbs/kg
☐ 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

Fax Number

- ☐ Brandon: (656) 218-9643 ☐ Ocala: (352) 565-5228 ☐ The Villages Brownwood: (352) 450-3080
☐ Clearwater: (727) 977-9717 ☐ Orlando: (407) 792-6558 ☐ The Villages Lake Sumter: (352) 565-5553
☐ Fort Myers: (239) 533-5962 ☐ Sarasota: (941) 413-3280 ☐ The Villages Spanish Springs: (352) 810-3536
☐ Gainesville: (352) 450-8886 ☐ St. Petersburg: (727) 977-8836 ☐ Venice: (941) 337-0779
☐ Lakeland: (863) 777-2528 ☐ Tampa: (813) 775-9997