

# KANUMA

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

Prescriber Name: \_\_\_\_\_ DEA: \_\_\_\_\_ NPI: \_\_\_\_\_ State License: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## CLINICAL

Diagnosis: ☐ E75.5 (Other Lipid Storage Disorders)

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ kg ☐ lbs Height: \_\_\_\_\_ ☐ cm ☐ in

CBC Completed: ☐ Yes ☐ No CMP/LFTs Completed: ☐ Yes ☐ No

## TREATMENT

### KANUMA (sebelipase alfa)

Route: Intravenous infusion

Dose: ☐ 1mg/kg

☐ 3mg/kg

Frequency:

☐ Once every other week

Premedication Protocol: *(Not Usually Indicated)*

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

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

☐ Other: \_\_\_\_\_

Sig: \_\_\_\_\_

☒ Center will use anaphylactic and hypersensitivity protocol established by Cure Stat Infusion Services.

Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_