

LOARGYS™ PRESCRIPTION ORDER

(pegzilarginase-nbln)

1 PATIENT INFORMATION

Patient Name: _____ DOB: _____
 Primary Phone: _____ Gender: Male Female
 Alternate Contact Name: _____
 Address: _____ Phone: _____
 City, State, Zip: _____
 Allergy: _____
 Patient Weight: _____ Lbs _____ Kg Date Weighed: _____

2 PRESCRIBER INFORMATION

Prescriber's Name: _____
 Contact Person: _____ Phone: _____
 NPI #: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 ICD-10 Diagnosis: E72.21 Argininemia Other ICD-10: _____

3 CATHETER ACCESS AND FLUSH PROTOCOL

ACCESS TYPE	CATHETER FLUSH ORDERS	
Peripheral PORT (Also include Peripheral IV for Port Malfunction)	<input checked="" type="checkbox"/> 0.9% Saline Flush: Dispense: 28 Days Refills: x 1 Yr OR _____ Refills Flush line/port with 10mL for patency/SASH protocol. Heparin Flush: Dispense: 28 Days Refills: x 1 Yr OR _____ Refills Patients < 20kg: Flush port with 3-5mL of Heparin 10units/mL per SASH protocol Patients ≥ 20kg: Flush port with 3-5mL of Heparin 100units/mL per SASH protocol Alternative Heparin Order: _____	CathFlo: 2 mg/2 mL as directed. <i>Pharmacy authorized to dispense upon home health nurse validated port occlusion.</i> Dispense: 1 Kit Refills: x 1 Yr OR _____ Refills

4 PRE-MEDICATION

Premedication for administration 30-60 min. prior to drug administration:

- Antipyretic: _____ q.s. 28 days **Refill:** x 1 Yr OR _____ Refills
 Antiemetic: _____ q.s. 28 days **Refill:** x 1 Yr OR _____ Refills
 Antihistamine: _____ q.s. 28 days **Refill:** x 1 Yr OR _____ Refills
 Corticosteroid: _____ q.s. 28 days **Refill:** x 1 Yr OR _____ Refills
 LMX 4 or (EMLA) Lidocaine 2.5%/Prilocaine 2.5% cream - Apply topically 1 hour prior to starting IV or accessing port **QTY:** 1 **Refill:** x 1 Yr OR _____ Refills
 Other Premedications: _____
- No Premedication Needed**

5 TREATMENT REGIMEN

LOARGYS DOSE	PRESCRIPTION
<input checked="" type="checkbox"/> _____ mg/kg	Administer LOARGYS _____ mg once weekly via selected route of administration. (Supplied as 2mg/0.4mL vials) Disp: 28 days Refills: 12 months
ROUTE OF ADMINISTRATION	
IV SC	

SUBCUTANEOUS PREPARATION AND ADMINISTRATION

Withdraw the calculated volume for the prescribed dose of LOARGYS into a syringe (Round the volume to the nearest 0.1mL)

Administer the undiluted solution subcutaneously into the abdomen, lateral thigh, or the side or back of the upper arms (Maximum of 1mL per injection site)

INTRAVENOUS PREPARATION AND ADMINISTRATION

Withdraw the calculated volume for the prescribed dose of LOARGYS into a syringe (Round the volume to the nearest 0.1mL)

Dilute the withdrawn volume of LOARGYS solution in 0.9% Sodium Chloride Injection to a maximum concentration of 0.5mg/mL

For LOARGYS doses < 25mg, dilute in 50mL of 0.9% Sodium Chloride Injection

For LOARGYS doses ≥ 25mg, dilute in 100mL of 0.9% Sodium Chloride Injection

Administer the diluted LOARGYS solution intravenously over a minimum of 30 minutes.

Post Infusion: Flush IV with 15 mL 0.9% Sodium Chloride Injection, USP at final rate of drug infusion

Vital Signs: At baseline and at every _____ minutes during infusion, at completion of post-infusion flush and 30 minutes after completion of post-infusion flush

SKILLED NURSING VISIT

As needed for IV access, administration, and proper clinical monitoring Administration procedures to be followed per pharmacy protocol

Supplies: Provide infusion pump if needed, IV pole, back-up peripheral IV kit and all necessary administration supplies

ALSO SEE PAGE 2 (LOARGYS REACTION MANAGEMENT ORDERS)

6 PROVIDER SIGNATURE ("LOARGYS Prescription Order")

_____ Date of Signature _____ Date of Signature
 Product Substitution Permitted Signature Dispense as Written Signature

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LOARGYS REACTION MANAGEMENT ORDERS

Patient Name: _____

DOB: _____

7 EMERGENCY MEDICATIONS - #Q.S. REFILL X 1 YR OR ____ REFILLS

- 0.9% Saline 250mL - administer at 50mL/hr once infusion stops OR
- 0.9% Saline ____mL - administer at ____ml/hr once infusion stops
- For mild infusion reactions, give:
 - Acetaminophen 500mg po
 - Diphenhydramine 25-50mg po
- For moderate infusion reactions, give diphenhydramine 25-50mg IV
- For severe infusion reactions, give Methylprednisolone 1mg/kg IV prn
- Other infusion reaction medication protocol: _____
- For severe bronchospasm/anaphylaxis, administer appropriate Epinephrine Autoinjector IM and call 911.
 - Epinephrine 2-Pak 0.3mg Autoinjector IM for patients weighing ≥ than 30kg
 - Epinephrine 2-Pak 0.15mg Autoinjector IM for patients weighing < than 30kg

EXAMPLES OF LOARGYS REACTIONS

- Bronchospasm/Anaphylaxis
- Abdominal Pain
- Injection Site Pain/Redness
- Shortness of Breath
- Itching
- Dizziness
- Vomiting
- Rash or Hives
- Arm Swelling
- Fever and/or Chills
- Facial Swelling
- Flushing

INSTRUCTIONS DURING REACTION

- 1) **STOP LOARGYS** and start 0.9% normal saline at 50mL/hr or at rate specified below:
 - Other Rate: ____mL/hr
- 2) **ADMINISTER EMERGENCY MEDS FROM BOX 7 ACCORDING TO PHYSICIAN ORDERS**
 - For severe anaphylaxis, administer appropriate Epinephrine Autoinjector IM - may repeat in 20 minutes if needed. Call 911.
- 3) **CALL PHYSICIAN**

8 PROVIDER SIGNATURE ("LOARGYS Reaction Management Orders")

_____ Date of Signature
 _____ Date of Signature
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