
 <p style="text-align: center;">Oregon Health & Science University Hospital and Clinics Provider's Orders</p> <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">PO7071</div>  </div> <p style="text-align: center; font-weight: bold;">ADULT AMBULATORY INFUSION ORDER Olipudase Alfa-rpcp (XENPOZYME) Infusion</p> <p style="text-align: center; font-size: small;">Page 1 of 3</p>	<p>ACCOUNT NO. _____</p> <p>MED. REC. NO. _____</p> <p>NAME _____</p> <p>BIRTHDATE _____</p> <p style="text-align: right; font-size: x-small;"><i>Patient Identification</i></p>
ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.	

Weight: _____ kg Height: _____ cm

Allergies: _____

Diagnosis Code: _____

Treatment Start Date: _____ Patient to follow up with provider on date: _____

****This plan will expire after 365 days at which time a new order will need to be placed****

GUIDELINES FOR ORDERING:

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Severe hypersensitivity (ie, anaphylaxis, angioedema) and infusion-associated reactions have been reported with olipudase alfa-rpcp. Ensure appropriate medical monitoring and support measures are available during treatment.
3. Treatment should be in direct consultation with a physician knowledgeable in the management of acid sphingomyelinase deficiency (ASMD).
4. Pregnancy status should be verified in all patients with reproductive potential prior to treatment start. Those who may become pregnant should use effective contraception during therapy and for 14 days after the last dose of olipudase alfa-rpcp.

LABS:

- CMP, Routine, ONCE, every

NURSING ORDERS:

1. TREATMENT PARAMETER – Hold treatment and contact provider for AST/ALT greater than 2x ULN
2. Reference rate table on MAR for dose specific infusion rates. Infusion Rates are dose specific (Initial, dose, maintenance doses). If no infusion related reactions are seen, rate increases are appropriate in 20-minute intervals as detailed on the table. Contact provider for guidance if patient has had previous infusion reaction.
3. Follow facility policies and/or protocols for vascular access maintenance with appropriate flush solution, declotting (alteplase), and/or dressing changes.

PRE-MEDICATIONS: (Administer 30 minutes prior to infusion)

- acetaminophen (TYLENOL) tablet, 650 mg, oral, ONCE, every visit
- diphenhydrAMINE (BENADRYL) capsule, 25 mg, oral, ONCE, every visit. **Give either loratadine or diphenhydrAMINE, not both.**
- loratadine (CLARITIN) tablet, 10 mg, oral, ONCE, every visit, if diphenhydrAMINE is not given. **Give either loratadine or diphenhydrAMINE, not both.**
- methylPREDNISolone (SOLUMEDROL), 40 mg, intravenous, ONCE, every visit



Oregon Health & Science University
Hospital and Clinics Provider's Orders

ADULT AMBULATORY INFUSION ORDER

**Olipudase Alfa-rpcp
(XENPOZYME) Infusion**

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ACCOUNT NO.

MED. REC. NO.

NAME

BIRTHDATE

Patient Identification

ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

MEDICATIONS:

Dosing weight – For patients with a BMI ≤ 30 kg/m², use actual body weight. For patients with BMI > 30 kg/m², use the following adjusted body weight for dosage calculation: adjusted body weight = (actual height in meters)² × 30.

olipudase alfa-rpcp (XENPOZYME) in sodium chloride 0.9%, intravenous

Initiation (Dose Escalation Regimen)

- 0.1 mg/kg, ONCE (week 0)
- 0.3 mg/kg, EVERY 2 WEEKS x 2 doses (weeks 2 and 4)
- 0.6 mg/kg, EVERY 2 WEEKS x 2 doses (weeks 6 and 8)
- 1 mg/kg, ONCE (week 10)
- 2 mg/kg, ONCE (week 12)

Maintenance (week 14 and ongoing) – 3 mg/kg, EVERY 2 WEEKS

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION – If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Administer emergency medications per the Treatment Algorithm for Acute Infusion Reaction (OHSU HC-PAT-133-GUD, HMC C-132). Refer to algorithm for symptom monitoring and continuously assess as grade of severity may progress.
2. diphenhydrAMINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction

By signing below, I represent the following:

I am responsible for the care of the patient (*who is identified at the top of this form*);

I hold an active, unrestricted license to practice medicine in: Oregon _____ (*check box that corresponds with state where you provide care to patient and where you are currently licensed. Specify state if not Oregon*);

My physician license Number is # _____ (MUST BE COMPLETED TO BE A VALID PRESCRIPTION); and I am acting within my scope of practice and authorized by law to order Infusion of the medication described above for the patient identified on this form.

Provider signature: _____

Date/Time: _____

Printed Name: _____

Phone: _____

Fax: _____



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ACCOUNT NO.
MED. REC. NO.
NAME
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ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE.

OLC Central Intake Nurse:

Phone: 971-262-9645 (providers only) Fax: 503-346-8058

Please check the appropriate box for the patient's preferred clinic location:

Beaverton

OHSU Knight Cancer Institute
15700 SW Greystone Court
Beaverton, OR 97006

Phone number: 971-262-9000

Fax number: 503-346-8058

NW Portland

Legacy Good Samaritan campus
Medical Office Building 3, Suite 150
1130 NW 22nd Ave.

Portland, OR 97210

Phone number: 971-262-9600

Fax number: 503-346-8058

Gresham

Legacy Mount Hood campus
Medical Office Building 3, Suite 140
24988 SE Stark
Gresham, OR 97030

Phone number: 971-262-9500

Fax number: 503-346-8058

Tualatin

Legacy Meridian Park campus
Medical Office Building 2, Suite 140
19260 SW 65th Ave.
Tualatin, OR 97062

Phone number: 971-262-9700

Fax number: 503-346-8058

Infusion orders located at: www.ohsuknight.com/infusionorders