

CEREZYME (imiglucerase)

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|------------------------------|--|-------|-------|-------|
| Status | <input type="checkbox"/> New Therapy <input type="checkbox"/> Order Renewal <input type="checkbox"/> Dosage or Frequency Change | | | |
| Diagnosis | <input type="checkbox"/> ICD 10 Code: E75.22 Gaucher Disease <input type="checkbox"/> ICD 10 Code: _____ Other: _____ | | | |
| Pertinent Medical Hx | Patient's weight (most recent): _____ lbs / kg (circle one) Date: _____ | | | |
| Labs | Labs to be drawn by: <input type="checkbox"/> Infusion Clinic <input type="checkbox"/> Referring Physician If Infusion Clinic: _____ | | | |
| Premeds | <input type="checkbox"/> No premeds necessary <input type="checkbox"/> acetaminophen (Tylenol) <input type="checkbox"/> 500mg / <input type="checkbox"/> 650mg / <input type="checkbox"/> 1000mg PO <input type="checkbox"/> cetirizine (Zyrtec) 10mg PO - OR - <input type="checkbox"/> diphenhydramine (Benadryl) 25mg PO <input type="checkbox"/> other: _____ | | | |
| Medication Order | <input type="checkbox"/> Cerezyme 60units/kg IV every 2 weeks Dose will be rounded up to nearest vial size - OR - <input type="checkbox"/> Give exact dose Refills: <input type="checkbox"/> x 1 year <input type="checkbox"/> x _____ doses <input type="checkbox"/> No refills; give this dose only. | | | |
| Monitoring | Monitor for signs/symptoms of hypersensitivity during injection and 30 mins post-injection. For any signs of infusion reaction: Contact on-site provider for instruction. | | | |
| Additional Orders | | | | |
| Physician Information | Physician Name | _____ | NPI | _____ |
| | Office Contact | _____ | Phone | _____ |
| | Provider Signature: | _____ | Date | _____ |

| REQUIRED DOCUMENTATION | |
|--|--|
| ○ Patient Demographics & Insurance Information: | - Copy of patient's insurance card – front and back |
| ○ Clinical / Progress Notes, supporting primary diagnosis: | - 2 most recent office notes - Medication history |
| ○ Most Recent Labs: | - CMP and CBC |

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