

Cerezyme® (imiglucerase) Standard Plan of Treatment

Referral Status:	MRN:
<input type="checkbox"/> New referral	<input type="checkbox"/> Order change
<input type="checkbox"/> Order Renewal	
Patient preferred clinic:	

PATIENT DEMOGRAPHICS:

Date of Referral:	Patient's Phone:
Patient Name:	Address:
Date of Birth:	City, State, Zip:
Height in inches:	Weight: LB or KG
Gender:	Allergies:
	See list
	NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

E75.22 - Gauchers Disease
- Other:

REQUESTED DOCUMENTATION:

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1 Insurance information	IF NO:
2 Most recent History & Physical	IF YES:
3 Full medication list	PLEASE STATE LAST INFUSION DATE:
4 Tried and failed therapies	REQUIRED WASHOUT FROM PREVIOUS THERAPY:
5	NEXT INFUSION DATE:
6	IF ORDER CHANGE:
	Continue current order until insurance approved

MEDICATION ORDERS:

NOTE: We may require MD office notes and may require a letter of Medical Necessity (depending on diagnosis), to be able to verify eligibility and payment for this treatment through patients Medicare and/or other insurance plan.

PREMEDICATION TO BE ADMINISTERED 30 MINUTES PRIOR TO ADMINISTRATION AS SELECTED

*FDA labeling recommends pre-medication with antihistamines and/or corticosteroids for patients who experience infusion reactions.

IV	Diphenhydramine	25mg	50mg		PO	Acetaminophen	325mg	500mg	650mg	1000mg
	Methylprednisolone	40mg	125mg	Other:		Famotidine	20mg	40mg		
	Famotidine	20mg	40 mg			Diphenhydramine	25mg	50mg		
	Other:					Fexofenadine	60mg	180mg		
						Cetirizine	10mg			
						Loratadine	10mg			
						Other:				

MEDICATION/DOSE:

Cerezyme® (imiglucerase) IV _____ units/kg in NS.
 After completion of infusion, flush line with 20mL NS.
 May administer a 1/2 dose during product shortages

FREQUENCY:

Every 2 weeks
 Other: _____

SPECIAL/LAB ORDERS:

Infuse over 1-2 hours for patients weighing 18kg or greater.

Infuse over 2 hours for patients weighing less than 18kg.

Refills x 12 months unless noted otherwise here:

LINE USE/CARE ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure
- Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observations if indicated

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)

DATE:

Dispense as written/Brand medically necessary	Substitution permitted
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