

## Cerezyme (Imiglucerase) and Elelyso (Taliglucerase alfa)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_(cm) Actual Weight: \_\_\_\_\_(kg) Allergies: \_\_\_\_\_

### Pre-medications - Administered prior to Cerezyme and Elelyso

- None  
 Diphenhydramine 50mg IV  
 Dexamethasone 10mg IV

**Cerezyme (Imiglucerase) CPT J1786:** Initial range: 2.5 units/kg 3 times weekly, up to 60 units/kg every 2 weeks.

Dose of 2.5 units/kg 3 times per week. CPT J1786

Dose \_\_\_\_\_ units.

Order valid through \_\_\_ / \_\_\_ / \_\_\_

Dose of 60 units/kg every 2 weeks.

Dose \_\_\_\_\_ units.

Order valid through \_\_\_ / \_\_\_ / \_\_\_

*Note: Vial sizes are 400units and 200units. Please dose accordingly.*

**Elelyso (Taliglucerase alfa) CPT J3060:** 60 units/kg every 2 weeks. CPT J3060

Dose: \_\_\_\_\_ units every 2 weeks.

Order valid through \_\_\_ / \_\_\_ / \_\_\_

*Note: Vial sizes are 200units per vial. Please dose accordingly.*

- \* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.

Provider Name: \_\_\_\_\_

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

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