

Cerezyme (Imiglucerase) and Elelyso (Taliglucerase alfa)

Patient Name	Middle	Last	DOB
Diagnosis	Diagnosis Code		
Height (cm)	Actual Weight (kg)	Allergies	

PRE-MEDICATIONS - ADMINISTERED PRIOR TO CERAZYME 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): _____ Orders valid through: _____
- Dose of 60 units/kg every 2 weeks.
Dose (units): _____ Orders 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.
Orders 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