NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Cerezyme (Imiglucerase) & Elelyso (Taliglucerase Alfa)

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

PRE-MEDICATIONS - ADMINISTERED PRIOR TO CEREZYME AND ELELYSO:

◯ None ◯ Diphenydramine 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