



Nevada Infusion

Reno Location - 5401 Longley Lane, Suite 34, Reno, NV 89511

Carson Location - 180 E. Winnie Lane, Carson City, NV, 89706

PH: 775-453-0667 | Fax: 775-470-8478

Cerezyme Order Form

Patient Name: _____ DOB: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Sex: _____ Height: _____ Weight: _____ Allergies: _____

DIAGNOSIS:

- ☐ Gaucher Disease ICD-10 Code: E75.22
☐ Other _____ ICD-10: _____

ORDER FOR CERAZYME (IMIGLUCERASE):

- ☐ 60 units/kg IV every 2 weeks x 1 year
☐ Other Dosing: _____ Frequency: _____ x 1 year

PRE-MEDICATIONS:

- ☒ Acetaminophen 650mg PO
☒ Diphenhydramine 25mg PO or IV or Zyrtec 10 mg PO
☒ Hydrocortisone 100mg IV or Methylprednisolone 125mg IV
☐ Additional Pre-Medications: _____

MAY ADMINISTER IF NEEDED FOR ALLERGIC REACTION:

- ☒ Nevada Infusion Hypersensitivity Reaction Order Set
☐ Other: _____

ACCESS: Peripheral IV, Port, Midline, or PICC line

FLUSHING: 10 mls NS pre/post infusion OR Heparin 5ml for port – 100 units/ml

NURSING: Per Nevada Infusion

LABS ORDERS: _____ Fax results to: _____

Please Fax This Form With - DEMOGRAPHICS, LABS, MEDICATION LIST and H&P: 775-470-8478

****Insurance verification/authorization is always obtained by Nevada Infusion prior to scheduling patients. ****



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Patient Name: _____ DOB: _____

Please Include Required Documentation for Expedited Order Processing & Insurance Approval:

- ☐ Signed Provider Orders (page 1)
- ☐ Patient demographic and insurance information
- ☐ Patient's current medication list
- ☐ Supporting recent clinical notes and H&P (to support primary diagnosis)
 - ☐ Does the patient have symptomatic Gaucher Disease as evidence by moderate to severe anemia, thrombocytopenia, bone disease, hepatomegaly, and/or splenomegaly?
☐ Yes OR ☐ No
 - ☐ Does the patient have a history of failure or intolerance to VPRIV?
☐ Yes OR ☐ No
- ☐ Include labs and/or test results to support diagnosis
 - ☐ CBC and Hepatic Function Tests - (please include results)
- ☐ Other medical necessity documentation (please include): _____

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