



NEVADA  
INFUSION

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 CEREZYME (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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**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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