Imiglucerase (Cerezyme)

Provider Order Form rev. 9/21/2021

IVX HEALTH

PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
☐ NKDA Allergies:		Weight lbs/kg:
Patient Status: ☐ New to Therapy ☐ Continuing Therapy	Next Due Date (if applicable):	

PROVIDER INFORMATION

Referral Coordinator Name:	Referral Coordinator Email:		
Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

NURSING

☑ Provide nursing care per IVX Nursing Procedures, including reaction management and post-procedure observation
NOTE: IVX Adverse Reaction Management Protocol available for review at www.ivxhealth.com/forms (version 09.07.2021)

PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO 30 minutes prior to infusion
☐ cetirizine (Zyrtec) 10mg PO 30 minutes prior to infusion
☐ loratadine (Claritin) 10mg PO 30 minutes prior to infusion
☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV prior to infusion
☐ methylprednisolone (Solu-Medrol) ☐ 40mg / ☐ 125mg IV 30 minutes prior to infusion
☐ Other: _____
Dose: _____ Route: _____
Frequency: _____

SPECIAL INSTRUCTIONS

LABORATORY ORDERS

☐ CBC ☐ at each dose ☐ every _____
☐ CMP ☐ at each dose ☐ every _____
☐ CRP ☐ at each dose ☐ every _____
☐ Other: _____

THERAPY ADMINISTRATION

☐ **Imiglucerase** (Cerezyme) in 0.9% sodium chloride, intravenous infusion, administer with 0.2 micron filter
- Dose: 60U/kg / ☐ other _____
- Frequency: ☐ every 2 weeks / ☐ other: _____
- Administer over 1-2 hours. Dilute final amount of Cerezyme in 0.9% Sodium Chloride to a final volume of 100-200ml.
- ☑ Flush with 0.9% sodium chloride at infusion completion

☐ Patient is required to stay for 30-minute observation post infusion/injection
☐ Patient is NOT required to stay for observation time
☐ Refills: ☐ Zero / ☐ for 12 months / ☐ _____
(if not indicated order will expire one year from date signed)

Provider Name (Print) **Provider Signature** **Date**

Email ivxintake@ivxhealth.com or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

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