



**Cerezyme**

**Cerezyme (Imiglucerase) is used to treat Gaucher Disease.**

Patient diagnosed with type I (non-neuropathic) Gaucher Disease with anemia, thrombocytopenia, bone disease, hepatomegaly, or splenomegaly.

Patient tested for IgG antibodies to alglucerase or imiglucerase. Note that the presence of antibodies is associated with an increased risk of hypersensitivity reactions.

[12 months]

**Member Information**

**Relationship** (Circle)

Name \_\_\_\_\_

Subscriber Spouse Dependent

Enrollment / Cardholder ID \_\_\_\_\_

**Gender** (Circle)

Group / Plan \_\_\_\_\_

Male Female

Birth date \_\_\_\_\_

AGE: \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

**Practitioner Information**

Name \_\_\_\_\_

Agent / Contact Name \_\_\_\_\_

Specialty \_\_\_\_\_

Office / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone ( ) - \_\_\_\_\_

Fax ( ) - \_\_\_\_\_

ID Number \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

IgG Antibodies? Y N

**Requested Drug / Pharmaceutical**

Cerezyme (Imiglucerase)

**Strength / Dose**

\_\_\_\_\_

**Therapy Start Date**

\_\_\_\_\_

**Condition / Diagnosis Related - Reason for Request**

\_\_\_\_\_

**Duration of Therapy** (Expected)

\_\_\_\_\_

**Type of Request** (Circle)

One-Time On-Going

**Clinical Drug / Lab History Pertinent to Request**

Labs: \_\_\_\_\_ Baseline / Ongoing \_\_\_\_\_  
  
Formulary Alternative(s) Attempted YES NO (Circle)  
Please List:

**Contact Pharmacy?** Y N

Pharmacy Phone Number

\_\_\_\_\_

Practitioner Signature \_\_\_\_\_