

**VPRIV  
(VELAGLUCERASE ALFA)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Labs, Tests** supporting primary diagnosis

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:** Gaucher Disease (ICD-10: \_\_\_\_\_)

**VPRIV ORDERS**

**Patient Weight:** \_\_\_\_\_ kg

- Initial Dose: 60U/kg IV administered every two weeks as a 60 minute infusion
- Other: \_\_\_\_\_ U IV every two weeks as a 60 minute infusion

**Pre-Medications (optional):**

- Acetaminophen \_\_\_\_\_ mg PO before infusion
- Diphenhydramine \_\_\_\_\_ mg PO/IV before infusion
- Solu-medrol \_\_\_\_\_ mg IV before infusion

**Additional Instructions:**

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	