



the preferred products (Cerezyme and Cerdelga)? ACTION REQUIRED: IF 'YES', ATTACH SUPPORTING CHART NOTE(S).	
5. Has the patient experienced a documented inadequate response OR a documented intolerable adverse event to the preferred product Cerezyme? ACTION REQUIRED: IF 'YES', ATTACH SUPPORTING CHART NOTE(S).	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Is the patient an indeterminate or ultra-rapid CYP2D6 metabolizer?	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Does the patient have pre-existing cardiac, renal, or hepatic disease?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Does the patient have a clinically significant drug interaction with the preferred product (Cerdelga)?	<input type="checkbox"/> Y <input type="checkbox"/> N

I affirm that the information given on this form is true and accurate as of this date.

  <b>Prescriber (Or Authorized) Signature and Date</b>
--