

YOUR INFUSION DIARY FOR **cipagluco**sidase **alfa** **home infusion**

Some people may have side-effects when taking this medicine. If you have any unwanted side-effects you should talk to your doctor, pharmacist or other healthcare professional. This includes any possible side-effects not listed in this leaflet. Also, you can help make sure medicines remain as safe as possible by reporting unwanted side-effects using the Yellow Card Scheme via www.mhra.gov.uk/yellowcard or by searching for MHRA Yellow Card in the Google Play or Apple App Store. Alternatively, you can also report side-effects to Amicus Medical Information on: Tel: **08082346864**; or email: drugsafety@amicusrx.com.

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See www.mhra.gov.uk/yellowcard for how to report side effects.

ADMINISTRATION DETAILS (TO BE COMPLETED BY TREATING PHYSICIAN)	
Date of first administration	
First infusion at home	

CIPAGLUCOSIDASE ALFA/MIGLUSTAT DOSING REGIMEN	
Miglustat dose	
Cipagluco­sidase alfa dose	
Frequency	
Rate of infusion	
Required reconstituted volume (mL)	
Total volume in infusion bag (mL)	
Pre-treatment medication (if applicable)	
Reasons for cipagluco­sidase alfa infusion at home	
Findings and actions from the initial interview	
Indicate support to be provided by infusion healthcare professional/ nurse at home	

NECESSARY ACTIONS IN THE EVENT OF A SEVERE INFUSION-ASSOCIATED REACTION OR HYPERSENSITIVITY REACTION

(TO BE COMPLETED BY TREATING PHYSICIAN)

1	STOP the infusion	
2	Call the emergency services	
3	Call your treating physician	
	Telephone number	
	Telephone number (24hr)	
	Name of physician	
	Name of clinic	
	Total volume in infusion bag (mL)	
	Address	
4	Emergency medication	
	Medication, including dose	
5	Patient's contact person to be notified	
	Name	
	Telephone	

COMPLETE THIS FORM FOR EVERY INFUSION SESSION

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First infusion at home	
INFUSION SESSION	
Date of infusion	
Infusion healthcare professional/nurse	
Caregiver, if present	
DOSE	
Miglustat dose	
Time of miglustat dose	
Cipagluco­sidase alfa dose	
Patient weight (kg)	
Cipagluco­sidase alfa batch/lot number	
Time of cipagluco­sidase alfa infusion start	
Required reconstituted volume (mL)	
Number of vials used	
Duration of infusion	
Rate(s) of infusion	
Problems/Remarks related to the infusion, if any (including infusion- associated reaction(s), action taken, and outcome):	
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