

## LUMIZYME (ALGLUCOSIDASE ALFA) INFUSION ORDERS

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

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes** supporting primary diagnosis
- Baseline Liver enzymes

Patient Name:	DOB:
Allergies:	Patient Phone:

**Diagnosis:**

Pompe Disease (ICD-10: \_\_\_\_\_)

**J Code: J0221**

### LUMIZYME ORDERS

- 20 mg/kg IV every 2 weeks Patient Wt. \_\_\_\_\_ kg
- Premedications:  Tylenol 1000 mg PO
- Benadryl 25 mg PO
- Solumedrol \_\_\_\_\_ mg
- Other: \_\_\_\_\_

Prescriber to monitor periodic urinalysis, LFTs, and antibody formation.

**\*\*Once we receive all necessary documentation, we will schedule the patient's treatment.**

**Additional Instructions:**

Physician Name:	Phone:	Fax:
**Physician Signature:	Date:	