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**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

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

**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:**

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