

**LUMIZYME (ALGLUCOSIDASE ALFA)
INFUSION ORDERS**

****REQUIRED INFORMATION****

- This signed order 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

Patient weight: _____kg

Lumizyme Orders
<input type="checkbox"/> 20 mg/kg IV every 2 weeks
Premedications:
<input type="checkbox"/> Tylenol 1000 mg PO
<input type="checkbox"/> Benadryl 25 mg PO
<input type="checkbox"/> Solumedrol _____mg
<input type="checkbox"/> Other: _____
*Prescriber to monitor periodic urinalysis, LFTs, and antibody formation.

Additional instructions:

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